Farrington Care Homes Limited

The Fairways

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 27 March 2018 and was unannounced. The Fairways provides accommodation and care to older people many living with dementia. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection there were eighteen people receiving care and support from the service and one person was in hospital.

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.

Following the last inspection on the 9 and 11 May 2017, we rated the key questions, 'Is the service safe?,' 'Is the service Effective?, 'Is the service Responsive?' and 'Is the service well-led?' as 'Requires Improvement' and the service overall was rated 'Requires Improvement'. We asked the provider to complete an action plan to tell us what improvements they would make at the service. They told us they would make the necessary improvements by 15 October 2017.

During this inspection we found that the provider had taken steps to address the shortfalls previously found. There was ongoing work on the redecoration and refurbishment of the building. Some improvements had been made to make the environment more suitable for people living with dementia. There was an ongoing programme of work to improve both the building and garden.

Health and safety checks were in place, however, some of the fire safety checks needed to be reviewed to ensure people were wherever possible safe in the event of a fire.

For the most part, care plans and risk assessments were reviewed and updated whenever people's needs changed. Improvements still needed to be made to ensure information was accurate and complete.

The audits and monitoring systems had improved, with the registered manager clearly recording the different ways they reviewed how the service was running. However, these checks had not identified some of the issues we had found during this inspection.

We found a breach of regulation in relation to good governance. You can see what action we have asked the provider to take at the end of this report

People received the medicines they needed safely and as prescribed. Audits needed to ensure staff were following the 'as required' PRN medicines protocols.

People's healthcare needs had been assessed and the service had good links with health care professionals. People's nutritional needs had been assessed, recorded and monitored. Improvements in the

recording of fluid intake needed to be made to monitor how much people drank and to minimise the risk of people becoming dehydrated.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) because they had ensured that people were given choices about their daily lives and where possible had consented to decisions or that these were being made in their best interests where they could not give consent.

Staff were polite and caring. They knew people's needs and respected choices that people expressed.

Staff received ongoing one to one and group support through supervision and staff meetings. The registered manager confirmed they were feeling more supported in their role. Staff continued to receive training on a range of subjects relevant to their roles and responsibilities so that they could meet people's needs.

Activities had improved and although the staff member in charge of this area only worked part-time, they had made a positive impact on people's lives by identifying new interests, engaging with people and encouraging them to take part in events.

People were protected by the provider's arrangements in relation to the prevention and control of infection. The provider had a procedure regarding infection control and the staff had specific training in this area.

People using the service and their relatives knew how to raise concerns and that they would be listened to.

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.

Health and safety checks were carried out, although improvements still needed to be made to ensure fire safety precautions were in place to minimise risks to people in the event of a fire.

Staff recruitment files contained the required information about employment checks, to show that only suitable staff had been recruited to work at the service.

The provider had systems in place to manage incidents and accidents and took appropriate action where required to minimise the risk of reoccurrence.

There were systems designed to protect people by the prevention and control of infection.

People received the medicines they needed safely and as prescribed.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective

Various areas of the environment had improved and there had been attention paid to ensuring the building was warm and welcoming and beginning to meet the needs of people living with dementia. Further steps still needed to be made to get the environment to a level where the garden was accessed more and bathroom and toilets were refurbished.

Improvements had been made to the formal support offered to the staff team and registered manager. One to one and group meetings had been held on a regular basis and staff received an annual appraisal of their work. Staff received training in order to appropriately meet people's needs.

The provider acted in accordance to the principles of the Mental Capacity Act 2005.

The staff worked closely with other professionals to help meet people's needs and support them with their health.

People's nutrition and hydration needs were being met. Overall people were happy with the meals provided.

Is the service caring?

Good

The service was caring.

People using the service and their relatives told us the care staff who looked after them were kind and caring.

We saw staff were caring and gentle with the people they supported and they offered them choices.

People using the service told us that staff respected their privacy.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to the format and layout of people's care plans. They included more person centred details. However, improvements still needed to be made to ensure care plans were accurate.

Improvements had been made regarding the activities on offer for people. There was a designated staff member who had made positive steps in improving people's lives, offering them the chance to engage in activities that interested them.

People using the service and their relatives knew how to raise concerns.

Is the service well-led?

Requires Improvement

Some aspects of the service were not always well led.

Whilst there had been improvements in recording audits on the various aspects of the service, these had not always been effective and had not identified the issues we found during our inspection.

People, their relatives and staff team found the management team to be approachable and supportive.

The provider worked with other agencies, including the local authority to monitor standards in the service.

The Fairways

Detailed findings

Background to this inspection

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

This inspection took place on 27 March 2018 and was unannounced.

The inspection visit was conducted by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all the information we had about the provider. This included notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we carried out general observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

We spoke with 10 people who used the service and had general discussions with a further three people. We talked with the relative of one other person to ask for their feedback about the service and briefly spoke with a second relative. We also met with two visiting healthcare professionals to obtain their views on the service.

During the inspection we spoke with the registered manager and deputy manager, the activities co-ordinator, [who was also the domestic staff member] and the cook.

We looked at the care records for four people who used the service and the recruitment, support and training records for two members of staff. We also viewed other records used by the provider for managing the service, these included records of complaints, quality audits, meeting minutes and improvement plans. We looked at the environment. We inspected how medicines were being managed.

At the end of the inspection we gave feedback to the registered manager. Following the inspection the registered manager sent us additional information, including the action they had taken as a result of our feedback.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe using the service. Their comments included, "They're [staff] very careful with who they let into the Home. They [visitors] sign when they come in and sign when they go out" and "I always feel safe here." A relative told us, "[My relative] is much safer here than they were at home. I couldn't be there every night and here there is always someone."

During our inspection in May 2017 we found the provider did not have systems in place to ensure people lived in a safe environment and we issued a requirement notice. The provider told us they would address this by 15 August 2017. At this inspection we found some areas had improved but there were still areas that required the provider to check to ensure the building was safe for people in the event of a fire. At the previous inspection we had noted some fire doors did not close automatically if they were fitted with a door guard. We made a referral to the London Fire and Emergency Planning authority (LFEPA) and they had visited the service shortly after the May 2017 inspection to carry out their assessment of the service. There was no report available to see regarding this visit, and the LFEPA did not contact us after their visit to inform us of any issues.

During this inspection we found that one person's bedroom, which was not fitted with any door guard was propped open and did not close automatically. A second fire door we saw had a low battery on the door releasing equipment and also did not fully close. The registered manager provided evidence that checks were carried out on fire doors but acknowledged the doors we checked were not working properly to protect people in the event of a fire. Shortly after the inspection the registered manager emailed to confirm the doors had been re-checked, new batteries had been fitted and door releasing equipment, where required, were in good working order.

We saw that the extractor fans in two of the toilets required cleaning and did not seem to be working. The maintenance person had recently left their post and the registered manager was relying on a staff member who worked for the provider to fix and maintain the building but they were sometimes based at other services. The registered manager confirmed the day after the inspection that the fans had been replaced in all the toilets in the service to ensure they all worked well.

Health and safety checks were in place in areas such as fire safety and checks on appliances. As the maintenance staff member had left at short notice earlier in March 2018 there were some fire checks that had been due in March 2018 that had not yet been carried out. They were not significantly overdue but the registered manager had not been made aware that a couple of checks were just over a week out of date. The registered manager confirmed the fire checks had all been completed following this inspection. We noted there were no window restrictors on the Velux windows in the two bedrooms at the top of the building. The registered manager had these fitted shortly after the inspection to ensure people were not placed at risk of harm if they tried to open and climb out of these. The majority or rooms had been fitted with new windows and these had restrictors on them to minimise the risk to people using the service. The windows were checked to ensure they were in good working order as part of the health and safety checks carried out.

All staff reported that they had received safeguarding training and were confident that they would know how to recognise and report any safeguarding concerns, saying that they would report an incident to the deputy or registered manager in the first instance. All staff were able to provide definitions of different types of abuse when asked. There was less clarity about contacts outside the service that they could report concerns to, although all mentioned the Care Quality Commission (CQC). One staff member was concerned that not all falls or bruising was recorded or reported correctly but did not give any further evidence, other than they said there were no serious consequences as these had not been major events. We raised this with the registered manager so that they could investigate if any staff were under reporting incidents or accidents. They told us they were not aware that this was an issue and following on from the inspection, the registered manager confirmed that staff members they spoke with did not say there was any under reporting of events and that they knew what action to take when an incident or accident occurred.

The service was part of the local authority's 'falls project' aimed at reducing falls in care services. The registered manager kept a record of all falls and sent a report each quarter to the local authority with details of the number of falls and actions taken. Two staff members had become falls champions which helped minimise the number of falls people had through their monitoring and awareness. Two more staff would go through this training for 2018 so that staff developed additional skills in this area.

The registered manager had systems in place to record safeguarding concerns. We saw one had not been recorded on the summary sheet for 2017 and another for 2018 but there were records of concerns recorded within the relevant documents. The registered manager had appropriately reported safeguarding allegations and concerns to CQC.

The risks to people's wellbeing had been assessed and planned for. Individual risk assessments for each person had been developed and covered a range of areas including risks associated with mobility, skin integrity, nutrition and falls. These informed staff of what to do in the event of a person being at risk of harm and how to minimise the risk. There was a seizure chart for one person who had epilepsy, although no separate care plan relating to this. The registered manager emailed us to inform us that after the inspection they had developed a separate care plan relating to epilepsy alongside the risk assessment for those people who had this condition. There were personal emergency evacuation plans (PEEPS) in place. These included action to be taken in the event of a fire according to people's abilities and needs.

Recruitment practices ensured staff were suitable to support people. Checks were carried out before staff started working at the service. This included obtaining references from previous employers, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed. The registered manager had some information on the interview record but had not included the responses to the interview questions. They showed us they had documents in place to test applicant's literacy skills and would be introducing these so that they could determine if there were any problems in this area that could affect the applicants working in the service.

The registered manager confirmed the staffing levels to us and this was reviewed on an ongoing basis, as people's needs changed. We asked staff if they felt there were sufficient numbers of staff working on shift. They commented, "There's generally enough staff in theory, although often people do more than one job so sometimes we're short" and "There's enough care staff but they often have to do other things too which takes up time." From talking with staff and viewing the staff rota we could see some staff undertook more than one role, for example the domestic staff member was also the activities co-ordinator in the afternoon and the deputy manager was also the cook on one or two days a week. There was a part time vacancy for a cook which was currently being recruited to, which once filled would enable the deputy manager to return to their main responsibilities. There was no evidence that people had to wait to be supported and we

observed staff had time to sit and talk with people.

We looked at how people received their medicines. Staff who administered medicines received training on this subject, spent time observing experienced staff and were checked by the registered manager to ensure they were competent to carry out this task.

We observed a staff member involving a person and discussing the management of their pain with them. One person told us, "I have to have pain killers for arthritis and they [staff] never forget to give them to me".

We looked at seven people's medicines and saw that all the medicines administration records (MAR) charts were completed and signed appropriately. We looked at the boxed medicines to see if the amount corresponded to the records and we found them to be all to be correct. PRN (as required) medicines, for example, pain relief medicines, we saw that for two people their PRN medicines protocol had not been completed and not all staff had signed the PRN document when they administered PRN medicines. This was an additional document for staff to sign when they had administered PRN medicines and then counted the amount to check the quantity was correct. The amount recorded on the PRN document did not correspond with the amount we counted but did tally with what the MAR chart recorded had been administered. The deputy manager confirmed staff did not always sign this second separate PRN administration record and the registered manager checked with the staff member on duty who confirmed they had not counted the PRN medicines that morning but had just written the quantity following on from the previous record. The registered manager took action to remind staff of the PRN procedure and carried out a full medicines audit the day after the inspection and emailed to confirm they identified no other issues with the record keeping or quantity of medicines in the service. There was no indication that people had not received their medicines but that this had been a recording issue not picked up by the staff or by the medicine audits that took place.

People were protected from the risk of infection Staff were provided with personal protective equipment such as gloves, aprons, hand washing facilities and sanitisation gels to ensure infection was prevented and controlled. People told us that the service was clean and fresh. We observed this to be the case on the day of the inspection, although we did find one toilet that had an unpleasant odour which was attended to during the inspection. The two visiting professionals said the service was clean when they visited and they had no concerns about cleanliness. There was a cleaning schedule in place for the staff to follow and staff had received training on infection control to inform them of best practice.

There was some evidence that lessons were learnt when things went wrong. The registered manager reviewed incidents and accidents to see if there were any trends that they needed to investigate and make improvements for people using the service. For example, for one person who a few months earlier had fallen and been admitted into hospital, they had a hospital bed put in place before their return, and their risk assessments were updated to inform staff of any changes to the person's needs. Following on from safeguarding concerns the registered manager also reviewed people's care plan or risk assessments and updated these as required. We were aware that following on from visits carried out by the local authority's quality and monitoring team and after a CQC inspection, the registered manager produced an action plan so that they could see where improvements needed to be made.

Requires Improvement

Is the service effective?

Our findings

During our inspection of May 2017 we found the provider had not ensured that the building was being appropriately maintained and had not considered the needs of the people, many of whom were living with the experience of dementia. They told us they would address this by 31 August 2017.

At this inspection we found there had been improvements made to several areas of the service. Different areas had been updated, for example there were new windows, a new front door and new flooring had been laid in communal areas. We saw a bedroom that previously had damp on the walls no longer showed signs that this was a problem. Furthermore, the small kitchen in the main building had been replaced. The stair handrails had been painted a different colour to make them easier to identify. Signage was in place for the toilets and bathrooms to help some people find them more easily. There were plans to also paint the toilet and bathroom door frames a different colour to white to make these rooms stand out more. A few people's bedroom doors had photographs of the person to assist them in identifying their bedrooms and we were told this was a working progress.

Work had been carried out on the garden paths but there was still some more work to be completed before these could be used by people using the service to access a building at the end of the garden. This building could be used for various activities. The garden was large and private but still needed work on it to make it more attractive and suitable for older people living with various needs. The registered manager said they were aware some areas required attention but that they had prioritised other work before moving onto the garden.

Although we could see some improvements with the quality of the premises we noted there were still some areas needing to be updated, in particular in the bathrooms and toilets. The registered manager confirmed a bathroom on the first floor was going to be updated so that people still had the choice of having a bath.

There was a maintenance and development plan in place so that the registered manager and the provider could look at what areas could be changed for the benefit of the people using the service. Maintaining the building along with providing a homely and welcoming environment was ongoing and the registered manager continuously looked at what work was a priority.

At the May 2017 inspection we identified that the staff team, including the registered manager had not received formal one to one supervision to look at any support they might require and to consider their training and development needs. We had issued a requirement notice and the provider told us they would address this by 15 August 2017. Staff had also not received an annual appraisal of their work. At this inspection we found staff met on an ongoing basis both in a group and one to one with their line manager. The registered manager confirmed they also had more support from the person who provided supervision for them and the provider visited the service more often to offer advice and support. Appraisals were also taking place so that staff could assess how they were working and if they needed to improve in any areas.

One person using the service said they felt the staff team were well trained to support them. We found

people were supported by staff who had the appropriate skills and experience. Staff we spoke with had an induction that included shadowing more experienced staff members and a probation period. New staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Several staff had also obtained a nationally recognised qualification in social care.

The provider had a record of the training all the staff had undertaken. The registered manager had regular contact with the trainer so that ongoing training could be arranged throughout the year. Training topics included, dementia awareness, food hygiene and pressure area care.

The registered manager told us people's care and support had been assessed before they started using the service. The registered manager told us they assessed people before they moved into the service, to ensure the service could meet their needs. Assessments we viewed were detailed and we saw evidence that people's gender care preferences, their routines and preferences were recorded. Their care needs and any associated risks in supporting them to meet their needs were also documented.

People using the service were encouraged to maintain social relationships. Two people had mobile phones so they could independently keep in touch with friends and family. One person had a seizure senor mat in their bedrooms which was linked to the main alarm system so that should they have an epileptic seizure staff would quickly be alerted to this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had a mental capacity checklist in place and where they had concerns about people's ability to consent to their care and whether they were being deprived of their liberty, they had appropriately sent applications to the local authority. Several people were waiting for an MCA assessment from an external professional. Those people who had DOLS authorisations did not have any p conditions attached to the DOLS, as confirmed by the registered manager. They kept a record of when they had applied for DOLS authorisations and when people had been assessed and the expiry date of the DOLS. This helped them see at a glance the current situation for people using the service.

Consent to care forms were kept in the care file for each person and we saw these were included in the care files we reviewed. During the inspection we saw that staff took the time to explain to people the support they provided and ensured people had time to agree and understand the care they received.

Most staff told us they had received training in the MCA and this was confirmed by certificates in staff files and the provider's training matrix. However, some staff had a limited understanding of the Mental Capacity Act. The registered manager confirmed a staff member from the local authority's DOLs team was going to visit the staff team so that DOLS and MCA could be talked about and staff could ask questions if they needed clarity of this subject.

People gave us their views on the meals provided. One person said they found mealtimes to be pleasant and

enjoyed them. People also told us, "On the whole the food is alright. We have a full breakfast, porridge, tea and toast and they know what to give me to eat. They [staff] come round and write down on a piece of paper what I want" and "The food is alright. They [staff] come and ask you what you want to eat and mark down what you like and what you don't like." A relative commented, "They have very nice meals. I've seen them." The lunchtime was a quiet event. The registered manager explained they had tried to have music on when it was mealtimes but that this had not proved popular with people. We saw people were given a choice of drinks and meals and for people who required particular food due to their religious beliefs the registered manager confirmed they had sought to provide this. Another person said they had a diabetic diet which was not always catered for. However, feedback from the registered manager confirmed the cook understood how to cater for people with special dietary needs and meals were prepared using ingredients appropriate for people with diabetes. The registered manager and cook carried out meal surveys so that people's views on the meals and requests were listened to and taken on board when planning what meals to provide.

People were offered a range of different hot and cold drinks. There was information about the ideal fluid amount that people should take each day. Records indicated that they were offered regular fluids, however for two people their fluid records were not completed after 6pm. Therefore the staff could not assess whether they were meeting the minimum target or not. We fed this back to the registered manager for them to review the information that staff were recording, in particular those working after 6pm the information about people's fluid intake was appropriately recorded.

People saw healthcare professionals as and when required. One person using the service explained, "They look after you very well here. We see the community nurse and she used to put dressings and bandages on my legs [but they're better now]." There was a separate section in the care file to record healthcare professional visits and these were completed with the date, signature of the relevant professional and comments on the nature/outcome of the visit. This ensured the staff team were kept informed of how to support the person safely.

One person's care records showed they had lost weight over the last twelve months. The registered manager told us the GP was aware of this but that they had not deemed it necessary to make any referral to a specialist. However, we could not see any evidence of such a discussion and decision made. We informed the registered manager and they agreed to record the outcomes of people's reviews by the GP. People were weighed on a regular basis to monitor any changes to their usual weight and as the GP visited every week the registered manager requested they reviewed people when their health needs altered.

The service was part of a pilot scheme with the Clinical Commissioning Group (CCG) where a liaison GP visited the service every week. They carried out medicine reviews and met with people who had any health issues. This helped to ensure people had regular check- ups and continuity of care from a familiar healthcare professional. We also met with a district nurse who visited to check on people who had pressure ulcers. Their notes were also informative for the staff team to know what type of care to offer people. Comments from the two visiting healthcare professionals were positive, with one telling us that the communication was good between themselves and the staff team and the second professional confirming that the staff members understood people's health needs.

Good

Is the service caring?

Our findings

People were complimentary about the care and support they received and said that staff treated them with kindness and respected their choices. People using the service and visitors spoke favourably about the staff. They said, "The staff are lovely. I get on well with them" and "[The carers] have good manners and respect me. Very caring and attending. They do the right things. I didn't experience anything different from this. I'm surprised how many friends I have made here amongst the staff." Another person commented, they were happy living in the service and that staff were, "Looking after me well."

Family members we spoke with were happy with their relatives' care. One said the staff were "excellent" and provided "good care." Another relative told us, "They [staff] take care of my relative amazingly. They are very helpful, attentive, know what they are doing."

Healthcare professionals were complimentary about the staff team. One told us, "The staff are always available to assist and are always helpful." Another professional said, "The staff are always warm and welcoming." Both said they had observed kind, caring and appropriate care when they had visited the service.

Two people were asked about their daily routines and if their wishes were respected. One person described spending the day as they wanted to. They explained that they got up early, before anyone else, and went to bed late about 11pm or midnight. They stated this had been their routine all their life and this was how they liked it. A second person confirmed they chose when to go to bed and when they liked to wake up. This was usually early, about 6am, and they would have a cup of tea. Sometimes sitting in the lounge and sometimes going back to sleep again. These examples indicated that staff respected people's individual preferences.

Where they could staff had sought and recorded people's personal histories and recorded these to inform the staff of people's backgrounds, interests and experiences they had gone through.

Staff were visible throughout the day and interacted with people in a friendly and attentive manner. They demonstrated that they were aware of people's mobility needs and took time to speak with people patiently and appropriately. We saw where a person became distressed, staff were quick to step in and distract the person so that other people did not become worried or upset. We also observed personal care was carried out in private with doors closed to respect people's dignity.

People had varied comments about how they received personal care support. One person said, "They [staff] tell me when to come down and have a shower. They scrub my back. They are gentle." Whilst another person was not so complimentary explaining, "I don't like being washed. It's get your things off. Put your things on. You feel like a piece of rubbish." The person did not expand on what they meant by their comments but their views suggested the staff could be more considerate when helping people with a wash or shower. We fed this back to the registered manager so that they could speak with people using the service about their experiences and to ensure staff members were carrying out personal care in a kind and professional manner.

The registered manager confirmed that information could be provided in different formats if this was needed. They had an easy to read complaints policy and procedure for people who might struggle to read words.

The registered manager organised meetings for people using the service to discuss different aspects of the service, including, care issues, food and activities.

The registered manager was keen for people to have the support from external people and for some people this had been arranged. Independent advocates had been sought to help provide support for people.

One person would have company from a befriender from AGE UK who was due to start supporting them in April 2018. People could then choose how they wanted this relationship to develop and how much they wanted to see them.

Good

Is the service responsive?

Our findings

During the May 2017 inspection we found there was some inaccurate information in people's care files. We issued a requirement notice and the provider told us this would be addressed by 15 October 2017.

At this inspection we saw each person had a care plan that detailed their care and support needs and how care staff would meet these in the service. The plans included details such as, people's preferred name, a brief life history, likes, dislikes and routines, as well as an outline of their care and support needs. Plans included people's physical and mental health, nutrition, mobility and communication.

Records such as checks on people's welfare at night or if they needed to be repositioned were completed fully and the registered manager checked these to ensure staff were keeping an accurate record of tasks they were carrying out. The activities logs were very well maintained recording the different activities people took part in. We found out of date information on one topic in a person's file which the registered manager updated after the inspection. They confirmed they had checked every person's file to ensure any changes were reflected in their care documents.

The registered manager wrote the care plans and we could see they were more person centred than at the previous inspection. They included detailed information on how to support the person. Where people could, there was evidence they had been involved in the development of their care plans and they had signed their content. We saw that people were also involved in the review of their care and signed review documents if they were able to.

At the previous inspection the activities on offer for people were infrequent and staff had not been given the time or training to provide activities suitable for people living with dementia. We saw at this inspection that steps had been taken to provide more appropriate and stimulating activities for people using the service. The registered manager had arranged for a long standing staff member to provide activities in the afternoon for people. They had worked in the service for many years and knew the people well. The activities co-ordinator had also attended training on providing activities, along with the registered manager. Information and guidance had been obtained from the National Association For Providers Of Activities For Older People (NAPA) to help organise appropriate activities for people. We observed the activities co-ordinator interacted well with people gauging what they wanted to take part in.

During the inspection we saw some people were colouring in pictures and appeared pleased with the result of taking part in this activity. People were given choices regarding whether they wanted to take part and spoke cheerfully about what they were doing. A large board to advertise more important information of the day, including the activities on offer had been ordered. This would enable people to see what was going to take place that day more easily.

Since the last inspection there was a mobile library which visited and left a range of large print books and we saw one person who benefited from this as they enjoyed reading. An external entertainer visited once a month and a day trip out was planned when the weather warmed up. The registered manager was also

taking people out on a one to one basis for a coffee, shopping or meal out depending on what they felt able to take part in. This had proved to be popular with people wanting time away from the service. The registered manager described how staff considered people's interests and for one person where they had previously been a postman, they had been given a post bag to deliver 'mail' created for this purpose, to people in the service. This enabled the person to feel useful and reminded them of the work they used to do before living in the service.

People's religious needs were being met through visits from the various denominations, such as the Church of England and catholic services. One person had been supported to receive a visit from the local synagogue. We saw the registered manager had made improvements in this area and was keen for the role of the activities co-ordinator to expand to a full time post.

The provider had a policy and procedures for investigating and responding to complaints from people using the service and others. Those people we asked knew they could make a complaint to the registered manager. A relative told us, "I've never had any complaints. If I did have any complaints I would speak to [the registered manager]." One complaint we saw had been responded to but had not been recorded on the complaints log. The registered manager confirmed after the inspection that they had transferred this complaint to the relevant log so the outcome could be clearly seen.

There was no-one receiving support with end of life care. There was some information in people's records about their end of life wishes, but this could have been provided in more detail. Or at least a record that this had been talked about, if the person and their relatives were able to discuss this sensitive subject. The registered manager was in the process of arranging end of life care training to support and inform the staff team on how to care for people appropriately. Some people's care plans included a Do Not Attempt Resuscitation (DNAR) form. We saw the registered manager had discussed this with the person or their representatives if the person lacked mental capacity. All the DNAR forms we saw had been signed by the person's GP and the registered manager ensured they were regularly reviewed to reflect people's wishes.

Requires Improvement

Is the service well-led?

Our findings

During the May 2017 inspection we found checks carried out in the service had not always identified where improvements needed to be made. Some audits and meetings had not been recorded and there was no evidence that the provider carried out, or arranged for someone to visit the service and assess what was working well and where improvements needed to be made. We had issued a requirement notice and the provider told us this would be addressed by 15 October 2017.

At this inspection we saw some improvements to the quality assurance checks but found that some of these checks needed to be further improved because they had not identified the shortfalls we found at this visit.

The registered manager had introduced audits of staff files and carried out checks on the contents of people's care records but the audits had not identified the issues that for one person their records were not up to date in all areas. The recent medicines checks had also not picked up on the fact that some staff were not following the correct PRN procedures. The health and safety checks had not identified that a few fire doors were not closing properly or that the automatic closing mechanism for a door needed fresh batteries to operate appropriately. They had also not identified that the Velux windows needed restrictors or that extractor fans needed to be cleaned or replaced.

The above shows that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager had improved their action plans after various audits carried out on the service. They had also developed an action plan following on from the results of satisfaction surveys so that people could see their feedback was acted on. The registered manager was gradually training the deputy manager to take over some of their work commitments so that they delegated some of their responsibilities and could spend more time focusing on developing the service.

The registered manager had been working with the provider to develop a maintenance plan so that all concerned could monitor what work needed to be carried out and by when. This enabled them to ensure there was an ongoing upgrade of the environment. There was still work to be done to ensure the service was at a suitable standard both internally and externally which the registered manager was keen to keep working on for the benefit of the people using the service. They had plans to introduce more areas around the service that were appropriate for people living with dementia. They also wanted to utilise the garden more and had identified that there were some people using the service who would be interested in gardening as a hobby.

The provider had arranged for an external person to carry out three monthly monitoring visits to the service. We saw their latest report from February 2018 where they had made recommendations on areas that needed to be reviewed and improved. The registered manager had developed an action plan so that they could check on the progress they had made.

Feedback on the registered manager was complimentary. People using the service knew who the registered manager was and one person said "[The registered manager] talks to me when I am downstairs and asks me how I am." We saw they interacted with people and staff throughout the inspection.

Staff spoke well of the registered manager. One staff member commented, "The manager and deputy are good. They're both visible in the home and I'd feel happy to raise any concerns, they're always approachable." Another told us, "The manager is very good here, she tries really hard." A healthcare professional spoke positively about the registered manager and said, "The manager was very supportive." Staff told us that there were regular staff meetings to discuss the running of the service which gave them the opportunity to express their views and raise any issues of concern. We viewed the most recent meeting minutes and saw a range of subjects were talked about including, reminding staff about infection control policies and procedures that they needed to follow and helping the activities co-ordinator with the sessions they were running.

The registered manager was experienced and had various qualifications in health and social care. They had also obtained a qualification in leadership and human resources and were keen to keep learning new skills and meet others who work in adult social care. They wanted senior staff to undertake more tasks in the service so that they felt encouraged and supported to take on more responsibilities.

The registered manager and staff team worked with external professionals in people's best interests. We observed the registered manager speak with a healthcare professional to give them an update on people using the service and who they wanted them to meet with. This showed they understood people's needs well and was committed to ensuring professionals visiting the service assessed people if their needs changed. The registered manager also attended forum meetings held for managers to share experiences and to learn about current best practice from other professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems or processes needed to be more established and operate effectively to ensure compliance with the requirements of this regulation. 17 (1)