Sanctuary Care (Geffen) Limited

Dalby Court Residential 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 3 and 4 April 2018 and was unannounced. A second day of inspection took place on 4 April 2018 and was announced. Shortly after our visit the provider of the service had a name change from Embrace (Geffen) Limited to Sanctuary Care (Geffen) Limited. however they remain the same organisation. The service also changed its name from Dalby Court to Dalby Court Residential Care Home.

Dalby Court Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides personal care for older people, older people living with dementia and people with learning disabilities. The home is a detached 68 bed purpose built care home in Coulby Newham. Accommodation is provided over two floors. The ground floor of the home accommodates people living with a dementia and people with a learning disability. At time of our inspection there were 45 people using the service.

At our last inspection in December 2015 the service was rated 'Good' overall. At this inspection we found the service was now rated 'Requires Improvement' overall. This is the first time the service has been rated as 'Requires Improvement'.

At this inspection we found a breach of Regulation 18 (1) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. This was because we found that staffing levels were not always sufficient to meet people's needs.

You can see what action we told the provider to take at the back of the full version of the report.

The service has a registered manager. 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.

Policies and procedures such as safeguarding and whistleblowing were in place to protect people from harm. Staff knew how to identify and report suspected abuse. People and their relatives felt the service was safe. Safe recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with vulnerable people.

Records showed that maintenance and equipment checks were undertaken to ensure the environment was safe. Emergency contingency plans were in place. Robust infection control practices were in place.

Care plans and risk assessments were in place, these were comprehensive and had been reviewed regularly.

Staff received training that the provider considered mandatory in most key areas. However it was evident that some staff would benefit from further knowledge in the area of learning disabilities. We have made a recommendation that staff training is reviewed to ensure staff are able to apply their learning in their day to day practice. We have made a recommendation that staff training is reviewed to ensure staff are able to apply their learning in their day to day practice.

Staff had regular supervision and annual appraisals. Staff felt they were well supported by the manager.

Medicines were managed safely. People had access to a range of healthcare such as GPs, hospital departments and dentists. People's nutritional needs were met and people enjoyed a varied, nutritional diet that met their preferences.

The registered manager told us that lessons were learnt when they reviewed accidents and incidents to identify any themes or trends.

The premises were spacious, clean and tidy however they required some redecoration and the Sunflower Unit for people with learning disabilities was not self-contained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The policies and practices of the home helped to ensure that everyone was treated equally.

People's privacy and dignity was respected by staff when they were supporting people but limited availability of staff meant that people's dignity was sometimes compromised. Staff members were kind and caring towards those who used the service. Interactions between people and staff showed that staff knew people well however carers were task focused due to staffing levels.

Visitors were made welcome. Staff encouraged people to access to a range of activities and to maintain personal relationships. The service had good links with the local community and its own transport to take people out.

Staff were positive about the registered manager. They confirmed they felt supported and were able to raise concerns. Meetings for staff and people using the service were held regularly. This enabled people to be involved in decisions about how the service was run. The service worked with a range of health and social care professionals. A clear complaints process was in place.

The management team completed regular audits and sought feedback to monitor and improve quality however these audits did not identify and address the issues we identified during this inspection in regards to staffing levels.

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.

There were not always enough staff on duty to meet people's needs.

People were safeguarded from abuse and improper treatment.

Staff recruitment procedures were safe.

Regular checks were made of the building and equipment to ensure its safety.

Is the service effective?

Good

The service was effective.

Staff knew the people they were caring for well however the registered manager accepted that training needed to be reviewed to enable staff to apply their learning to their day to day practice.

People's consent was sought before any care or support was provided. The requirements of the Mental Capacity Act 2005 (MCA) were being met.

People were supported with their nutrition.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were supported by caring staff .

Staff were respectful to people.

People were encouraged to be as independent as possible.

Staff supported people to maintain and develop relationships with people important to them.

Is the service responsive?

Good

The service was responsive.

People knew how to complain if they needed to.

Staff knew people well including their needs and preferences.

People were supported to take part in a range of activities.

Peoples care plans contained information to help staff support them in the best possible way.

Is the service well-led?

Requires Improvement

The service was not always well led.

This inspection identified there were not always enough staff on duty to meet people's needs.

The service had a registered manager in place.

Staff told us the registered manager was approachable and was a visible presence in the home.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

Dalby Court Residential 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 was a comprehensive inspection. This inspection took place on 3 and 4 April 2018. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. Day two of the inspection was announced so the provider knew we would be returning.

The inspection team was made up of one adult social care inspector, a specialist nurse advisor 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 reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with 11 people and seven relatives of people using the service. We also reviewed a wide range of records. This included six people's care records. We looked at the medicine administration records for all of the people residing in the home. We reviewed four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service and at breakfast and lunch time.

We spoke with 12 members of staff, including the registered manager, two senior care assistants, six care staff, an activities co-ordinator and two catering staff. We also spoke to the provider's managing director.

To gather their views of the care provided by Dalby Court we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service.

Requires Improvement

Is the service safe?

Our findings

One person told us, "The care home is good but I think they need more staff as they work hard here all the time". Another person told us, "Sometimes I wait for ages for help to use the bathroom, if someone needs two staff then we wait until they are finished."
The provider failed to ensure suitable numbers of staff were deployed to meet people's needs. We looked at staffing levels in the home and found that there were insufficient numbers of staff at peak times of the day to keep people safe.

Staff carried pagers which alerted them when people required assistance however we observed that at times there were not enough staff on duty to respond to call alerts quickly. On two occasions we had to seek help for people who were requesting staff support to go to the toilet, and we also had to alert staff to a person at risk of falling. When we looked for staff to assist those in need we found that staff members were difficult to locate due to them being in bedrooms or bathrooms helping other people. We observed a lack of staff presence in communal areas at times.

We were informed by the registered manager and rotas showed that eight staff usually worked across the two floors of the home. This regularly consisted of three care assistants and a senior care assistant working each floor, however the staff we spoke with told us that the senior was often busy with medicine rounds and medicine related issues which left three care staff on each floor to attend to people's needs at peak times of day. We were informed by staff that at least five people living in the upstairs unit required two to one support for personal care or to aid them to stand. This meant only one person at a time could have two staff members supporting them when senior staff were undertaking medicine duties.

The registered manager assessed staffing levels required using a dependency tool, however we saw from the length of time it took staff to answer call alerts from people that that this did not always reflect the staffing levels needed. A board in the registered manager's office noted that six people upstairs and six downstairs had falls team involvement which meant they were at risk of falling when undertaking tasks. In addition, on the days of the inspection one person using the service was displaying some behaviour requiring close observation and regular interventions from staff. This meant that one member of the staff team had to provide very close supervision to that person and was therefore often not available to meet the needs of other people.

We were informed that a new dependency tool was being implemented shortly. The registered manager told us they were aware of the issues with staffing, particularly when staff rang in sick at short notice and that six new members of staff had been recruited and were awaiting background checks

We observed breakfast time in the residential Poppy Unit and saw that people were eating unsupervised in the dining area whilst another three people were in a lounge and three more people were having breakfast in a seated area in a corridor. Care staff were unable to supervise at these times as they were supporting other people with personal care. We saw a short break guest was very anxious about their placement, however staff were not available to offer reassurance or support when the person called out. We had to seek

out staff to support the person as they became very distressed.

All of the care staff we spoke with expressed their concerns regarding staffing levels. Staff told us that they wanted to provide person centred care but had to focus on tasks to meet people's basic needs. One staff member told us, "I don't feel eight [staff] across the building is enough". Another staff member said, "Staff are stressed, if people are on their buzzers and you are dealing with someone two to one there is no one to go to the other person." Another staff member told us, "When you are dealing with people two to one you are constantly hoping that people are okay in the conservatory." In addition, a fourth member of staff commented, "It's not very fair on the other residents having to wait. If they have a little accident it's degrading."

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

We asked people if they felt Dalby Court was safe. People and their relatives told us it was. One person told us, "I am here to be kept safe as I wasn't in my own home and it's ok."

Systems and procedures were in place to keep people free from abuse. Staff had access to the provider's safeguarding policy. Records showed that staff received training in safeguarding. Staff understood how to keep people safe including what to do if an allegation of abuse was made. All of the staff we spoke with said they knew how to report safeguarding concerns and would feel confident doing so. Staff were aware of whistle blowing procedures and were confident the registered manager would respond to any concerns raised.

We saw that care plans and risk assessments had been reviewed monthly and showed people's changing needs. General risks such as food safety and manual handling were assessed to ensure people were safe and where possible actions were identified for staff to take reduce risk. We also saw risks to individuals such as falls, use of bed rails and choking had been identified and detailed measures put in place to reduce potential harm to people. This meant staff had the guidance they needed to help people to remain safe.

Falls were monitored and in the care files we looked at we saw that appropriate referrals had been made and equipment sourced to help keep people safe from injury.

We reviewed four staff files and saw that safe recruitment procedures were in place. Two references were obtained and a Disclosure and Barring Service check was carried out before staff commenced work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Systems were in place to ensure that medicines including controlled drugs and topical creams had been ordered, received, stored, administered and disposed of appropriately. Medicines were stored securely. Medicines administration records (MARs) contained recent photographs of people to reduce the risk of medicines being given to the wrong person. MARs were completed correctly. Records stated if the person had any allergies. We observed a medicines round being completed safely. Competencies had been undertaken for those staff administering medicines.

We carried out a check of controlled drugs which showed two discrepancies in recording. We saw that one person had been prescribed phenobarbitone. The amount recorded in the record book, stated 48 should be in stock, when there were 49 tablets in stock. We were informed by the registered manager that this was a

recording error due to the person having been on weekend leave. Another person was prescribed oramorph solution. A check showed that 97.5mls was in stock but 197.5mls was recorded in record book. This meant that accurate balances of stock were not recorded. The registered manager addressed the two recording errors on the day of our visit.

Some people were prescribed 'as required' medicines such as pain relief. 'As required' protocols were in place to assist staff by providing guidance on when they should be administered. Staff knew what to do in the event of a medication error. Medication audits were undertaken by staff on a weekly and monthly basis. Fridge and room temperatures were recorded daily and were within acceptable limits. The services medication policy was comprehensive and referenced the National Institute for Health and Care Excellence (NICE) guidelines of Managing Medicines in care homes. (2014). NICE provides national guidance and advice to improve health and social care.

We saw that some people required thickening agents to be added to foods and liquids to bring them to the right consistency or texture so they can be safely swallowed by people at risk of choking. We saw that the thickening agents were stored safely.

We observed people being transferred using equipment in a safe and competent manner. Regular checks of hoists and lifting equipment had taken place to ensure people movement tasks were undertaken safely.

We saw documentation and certificates to show that relevant maintenance and servicing had been carried out in the required areas such as gas safety and legionella. We saw that equipment used throughout the building was maintained in line with manufacturer's recommendations. Hoists and lifting equipment servicing had taken place. Records showed that regular maintenance checks of the building took place. Records also showed that staff made regular checks of safety equipment such as fall sensors.

Daily and weekly fire checks were undertaken to keep people safe. We saw records to confirm that the fire alarm was tested on a weekly basis. Records showed that fire drills and evacuations had taken place. An up to date fire risk assessment was in place. People had up to date personal evacuation plans (PEEPs) to guide staff how to help people leave the building quickly in case of emergency.

We saw that the registered provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as power failure. This showed us contingencies were in place to keep people safe in the event of an emergency.

During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas. We found the building was clean and staff followed safe infection control practices. We observed staff using gloves and aprons to reduce the risk of infection. Two infection control champions were appointed on the staff team to share Department of Health best practice. Infection control policies were being followed in day to day practice.

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents.

Good

Is the service effective?

Our findings

People told us they were supported by staff who knew their likes, dislikes and preferences. When they were able and chose to do so people attended review meetings where their care plans were discussed. This meant that people were consulted about their care. Care plans included the person's care needs, planned outcome, abilities and skills. The care records we looked at demonstrated how the person's needs were assessed on admission to the home and then on a regular basis.

Records showed that staff were suitably qualified and experienced to fulfil the requirements of working with older people, however some care staff demonstrated a basic knowledge only of how to work effectively with the nine people with learning disabilities who were living within the home. Staff told us that they felt the people with learning disabilities who had moved into the Sunflower unit of the home in 2015 had fitted in well however some of the staff we spoke with said that they would benefit from more training and guidance as to how to work with people with learning disabilities.

Staff we spoke with appeared unclear as to how support for people with learning disabilities differs from that for older people. When we asked how support may differ one staff member dedicated to working in the team supporting people with learning disabilities informed us that people with learning disabilities are "just more clingy." Another member of staff told us they were not sure "if [the person they were supporting] has mild autism". This showed a lack of understanding of the individual needs of people they were supporting. The registered manager told us that staff would be completing some additional training in this area however this had not yet been scheduled.

Staff received training that the provider considered mandatory in most key areas, however it was evident that some staff would benefit from further knowledge in the area of learning disabilities. We recommend that staff training is reviewed to ensure staff are able to apply their learning in their day to day practice.

Staff we spoke with told us they felt they received the training they needed to carry out their roles safely. One staff member told us, "[The registered manager] is hot on training." Another said, "If we need training/updates the manager will arrange." The registered manager told us and staff confirmed that induction included essential training and shadowing of experienced carers. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support people needed.

Staff told us they had regular supervision and the management team were always available for support if they had any concerns. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision sessions included staff development needs. Records showed and staff told us that they received regular supervisions and annual appraisals. This meant that the service had procedures in place to monitor and support staff performance.

People were supported to maintain a balanced diet and had a choice of areas where they could eat. We asked people about meals, snacks and beverages and the response was positive. One person commented, "If I do not like the food on offer I ask for something different and it is no problem." Another person told us,

"The food is fine, well cooked and a lot of variety, if I don't like the options they get me something different." Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet people's diverse needs. The catering section of peoples plans of care included allergies, likes and dislikes.

A 'Focus on Undernutrition' audit had taken place within the home to look at how risk could be reduced to people in this area. Staff had completed a distance learning booklet which included scenarios around gaining correct weights and information on different types of diet such as fortified or pureed. Staff received information on how to measure peoples mid upper arm circumference to ascertain their body mass index. This can be used to help assess the nutritional well-being of people who cannot be weighed for example if they are too ill.

The catering staff we spoke with were knowledgeable about specialist diets and provided for specific needs such as pureed or fork mashable diets. This meant people were supported to have enough to eat and drink and were encouraged to maintain a healthy and balanced diet. People were given the opportunity to feedback on meals. We observed that one person had a jug of water in their bedroom but no glass. We spoke to the registered manager about this and she addressed this immediately.

People's nutritional health was regularly monitored using the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition) or overweight. MUST assessments we reviewed were up to date and indicated that regular weight monitoring was in place. People were weighed monthly or weekly depending on the outcome of their MUST assessment. This meant that the home was following national best practice in this area.

Discussion with the management team and examination of records showed that when people had lost weight or had issues with eating and drinking they had been referred to external services. Staff informed us that they would make referrals to appropriate services such as dieticians and speech and language therapy (SALT) if they had concerns in this area. There was evidence in people's records that such referrals had been made. For example, for one person who was losing weight quickly a referral had been made to a dietician who visited on the day of inspection and gave written instructions for staff to commence food supplements for a trial period.

Staff supported people to attend external health care appointments. This meant people had access to healthcare services when needed and their healthcare needs were met. One person told us, "I was poorly a while ago and the doctor was here the same day, I only have to ask." Care plans contained information on the involvement of professionals such as GPs, district nurses, the falls team, chiropodists, dentists and hospital departments. Care plans reflected people's changing needs and clearly showed where referrals to healthcare professionals had been made. We saw that where one person had previously fallen they had been referred to the falls team and their care plan reflected the advice and guidance that had been provided. One health professional told us, "I find the residents are generally happy and well cared for."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the care home was following the requirements of the act in regards to DoLS. People subject to DoLS who did not have a family member to act in their interests were visited regularly by an advocate. We spoke to staff and they showed an understanding of the principles of the MCA. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. There was evidence of consent being sought and recorded for example to use people's photographs. We observed staff asking people's permission before carrying out tasks with them.

Some people had made advanced decisions on receiving care and treatment and we saw two 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders had been completed correctly through consultation with appropriate others.

The physical care needs of people living in the Sunflower unit were being met and the people from this unit we spoke with said they were happy living in the unit. We were informed and observed that the people with learning disabilities often chose sit with the older people in the Bluebell dementia unit however we saw that they did not have an alternative option as there was no comfortable, communal seating area or a comfortable, communal television area in their own unit. The Sunflower unit did not have its own entrance which meant that people living in the Bluebell unit with dementia could walk through. The provider informed us they were currently considering making the unit self-contained. We spoke to one professional about the support to people with learning disabilities on offer and they were happy with the service provided and felt that the admission process had gone well.

People were able to meet privately with friends or relatives. The building was dark due to doors and woodwork being stained deep brown. It had very long corridors which could make it difficult for people with dementia to find their way around. There was some signage in place but not in all areas. There were names on some bedroom doors. Some bathroom doors were a different colour for easy identification by people living with dementia and people who were visually impaired.
We saw during our inspection that there was an on-going programme of redecoration taking place.

We were informed by the registered manager that the provider had a dementia strategy and that work was being planned to change door colours to make them more easily recognisable to people. We were told that there was to be a themed garden area and a corridor was to be themed as a street. We were also informed that a room presently being used as a quiet area was to be developed into a sensory room.

We saw that some bedrooms were personalised however others were not. The building was free from odour, warm and clean. The design of the building did not restrict the use of equipment to aid people's mobility.

Good

Is the service caring?

Our findings

People told us they felt staff were caring. We observed staff providing support in a caring manner. One person told us, "The care here is really excellent I enjoy every day." A relative commented, "My relative is cared for well." It was clear that staff knew people well. Staff showed respect for people at all times.

As described in the safe domain of this report people told us and we observed that staff did not always have time to spend with people in order to meet their needs.

Staff understood how to deliver personalised care. Person centred care is care that is centred on the person's own needs, preferences and wishes. The staff with spoke with told us however that they were limited in how they were able to do this due to the demands of meeting people's basic needs within current staffing levels.
Staff used people's preferred form of address, showing them kindness and respect. We saw people smiling and joking with staff. Staff explained to people what they were going to do before doing it.

Throughout the inspection we saw how members of staff gave people choices about what they would like from a choice of snacks to which activity they wanted to take part in. We saw that staff made sure each person was aware of the individual choices available to them. We observed that staff ensured they communicated well with people by crouching down to their level if they were seated and repeating back information in a simplified manner if it had not been understood. Staff however had limited time to spend with individuals due to having to perform tasks quickly to move on to the next task or person requiring support.

Where people were anxious or in need of reassurance we saw staff, when available interacted with them in a kind and compassionate way. We observed one person who was becoming anxious due to missing their family being distracted by another task by a staff member, whilst giving the person lots of reassurance. This calmed the person. We observed staff being discreet in their offers of support to people.

Staff supported people to be as independent as far as they were able. Staff we spoke with had a good understanding of the importance of promoting independence. One person told us, "They encourage me to do what I can and I know I can be obstinate but they still persist." We saw staff supporting people to be independent, giving them encouragement to complete tasks. People were able to move freely around the home, some used walking aids.

People's equality and diversity was respected. Staff had completed training in equality and diversity and the provider had an equality and diversity policy in place. The registered manager told us that at the current time everyone living at the home had a similar ethnic background and religious beliefs. Information regarding peoples religious and cultural needs was gathered prior to admission. Care plans were person centred and included people's life histories and preferences. They provided staff with guidance about the best met way to support individuals and reflect their identity.

Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends. The staff we spoke with were able to give the history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear from the interactions we saw between staff and people who used the service that positive relationships had been built, however staff told us they would like to spend more time with people in order to not rush them.

We saw that advocacy was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Good

Is the service responsive?

Our findings

We looked at care plans and saw these were comprehensive and included people's likes, dislikes and preferences. Care plans included a one page profile covering 'What people appreciate about me', 'What's important to me' and How to support me'. People had a 'My Day' document which set out what a good day for the person would be like from getting up to going to bed.

People had been assessed prior to their admission to the service and these assessments helped to inform care plans and identify outcomes for people. This meant staff had a clear understanding of the person's needs and how they wanted to be cared for. One person told us, "I couldn't walk when I came here a few years ago but the staff have me walking with a frame now [I am] really grateful." Another person's care plan stated that the person had some communication difficulties but was able to answer questions when asked. As the person was liable to misinterpret information staff were guided to ask resident simple questions, use visual choices and show patience to ensure they understood what was being communicated.

We were told by staff that they were given a verbal handover when they came on duty and that any areas of concern were highlighted. Visits by relevant professionals were discussed. A communication book was also used by staff to record relevant information. This meant staff had the up to date information they required to support people. We saw that staff recorded how people had been throughout the day and overnight and the care and support that people had been given.

People were able to follow their own hobbies and interests as well as take part in group activities. We saw that a range of activities took place. The activities co-ordinator told us that three activities took place daily with a weekly trip out which has included trips to the local shops, park and a dementia friendly café. Other activities included open reading and writing to encourage people to maintain or rediscover their skills in his area, making music, dog petting, Mr Motivator exercise and themed events.

People told us and records showed that people living in the Sunflower unit for people with learning disabilities accessed the local community, attended social clubs and went out into the community with one to one workers. Some people attended day centres. A singer was performing during our visit and a pampering session was on-going.

The activities co-ordinator had produced a monthly newsletter for people which included a welcome to new staff and information about new menus and trips. Records showed that one to one activities were provided by staff for those people who did not want to or were unable to join in with group activities. People who used the service and relatives we spoke with were happy with the level and range of activities available. One person told us, "I choose not to join in a lot of the activities and that's fine, they always ask me though which is thoughtful." Another person told us, "It is nice to do things whilst I still am able. I like the singing and music. At times we miss the activity person when he is not here."

The home had a dementia champion who was trained to support people living with a dementia related illness effectively and to pass on their knowledge and national best practice in this area to other members of

staff. We were informed that the dementia champion was presently gathering information and ideas in order to improve service delivery in the future.

The home had a clear complaints policy and procedure. One person told us, "I do know how to complain and would go to the staff or manager." A copy was given to people and their relatives when they moved into the home. Three complaints had been received in 2018. Records showed that the complaints received had been managed appropriately with outcomes documented. One relative told us, "We did have one complaint but it was dealt with."

Policies and procedures were in place to support people with discharge and end of life care. Records showed that wishes for end of life care were recorded in care plans. This meant information was available to inform staff of the person's wishes at this important time and to ensure people's final wishes were respected. Staff received training in end of life care.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us they thought the service was well led. One person told us, "The manager will take time to calm worries and makes us all feel valued." We observed people popping into the manager's office to have a chat when they were anxious. Relatives told us that they had good communication with the service. One relative told us "I cannot think of anything I would improve, it really is a lovely caring home where the staff work really hard."

This inspection identified there were insufficient staff on duty to meet the needs of people supported.

Provider visits took place regularly and included reviews of personnel files, environment checks, medication and fire. The results of the audits were analysed by the provider in order to determine trends and introduce preventative measures. Audits carried out by the provider and management team covered a wide range of areas including food and mealtimes, staff files, medication and laundry. Governance meetings took place covering areas such as review of complaints, accidents and incidents. Where actions were required these had been signed off on completion by the registered manager. These audits had not however identified and addressed the issues with staffing levels that we found during this inspection.

The service has a registered manager. Staff told us the registered manager was approachable and supportive and that the manager was a visible presence in the home. One staff member said the registered manager was "100% committed to this place, not a nine to five manager." Staff told us that the providers of the service are supportive of training and actively encouraged development.

Meetings for people took place regularly and covered areas such as food and activities. This showed people were able to contribute to the development of the service. Meetings with families were regularly scheduled however we were informed that families often did not attend due to their own commitments. The registered manager gave us an example of how they had acted upon feedback from relatives to improve laundry systems in the home which had helped reduce the amount of items of peoples clothing going missing.

Meetings for staff were held at regular intervals. We saw minutes were kept and made available to staff. Care issues were discussed within the meetings which meant that staff were well informed about people. Records showed that staff were given opportunities to share their views including at the providers staff council meetings. This meant staff were able to contribute to the running of the service.

Feedback was sought from people and their relatives through surveys and informal chats. Feedback was analysed and used to inform the service development plans. The last survey to relatives was sent out in January 2018 and had not yet been analysed. This meant that systems were in place to communicate with people and their relatives and involve them in decision making in relation to the service

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. We found the records we asked for were well maintained, easily accessible

and stored securely.

Details of adverse events were shared with staff. We saw that at the providers health and safety committee held in January 18 events from the past quarter were reviewed in order to reduce the risk of similar incidents reoccurring. This meant that the provider was improving its practice through lessons learnt.

The service worked in partnership with other health and social care agencies to meet people's needs. People living in the home told us that good links were maintained with the local community, including charity work and fund raising events.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably competent and experienced staff were not always deployed to meet people's needs at all times. Regulation 18(1).