

Mrs J Stead

Chestnut Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

The inspection took place on 28 November and 4 December 2017. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were visiting.

We last inspected the service in January 2017 and at that time identified breaches in four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were related to person centred care, need for consent, staff training and good governance.

We took action by serving warning notices in relation to two of the breaches and requiring the provider to send us an action plan stating how they would achieve compliance in respect of the others. During this inspection we found there had been improvements made in line with the terms of the warning notices and the provider's action plan. As a consequence of these improvements the service was no longer in breach of the regulations detailed above.

Chestnut Lodge Nursing 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.

Chestnut Lodge Nursing Home accommodates up to 17 people in one adapted building. At the time of this inspection there were 15 people using the service.

The service has a large communal lounge a separate dining area and a small conservatory on the ground floor and a smaller lounge area on the first floor with a table and space to dine in. There is a stair lift connecting the ground and first floor.

The service had a registered manager in place. 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.

Improvements had been made to medicine records. There was guidance in place for the use of 'as required' medicines and there were no unexplained gaps in people's medicine administration records (MAR). Medicines, including controlled drugs, were stored safely, administered appropriately and disposed of correctly.

Staff who administered medicines had a competency assessment every 12 months to ensure they were correctly following procedure. Nurses had their PIN number checked to ensure their registration was current. The PIN is a unique identifier enabling employers to check the registration status of nurses with the Nursing and Midwifery Council (NMC).

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken.

Some people felt there was not always enough staff on duty and some of the staff agreed this was the case. People's dependency levels were calculated but not used to determine the number of staff. We have made a recommendation about this.

Care records contained detailed risk assessments. People had individual personal emergency evacuation plans in place. Accidents and incidents were recorded and analysed to look for patterns or trends. Regular maintenance checks and repairs were carried out and all areas of the service were clean and tidy.

Improvements had been made in respect of staff training. The majority of staff were up to date with training and additional training courses linked to the needs of the people using the service had been completed by staff. Some training was still not included on the matrix.

Requests for DoLS authorisations were being submitted appropriately and improvements had been made in the recording of best interest decisions. However, we identified that further improvements were needed in relation to recording of mental capacity assessments.

Staff felt well supported and received regular supervision sessions and annual appraisals.

People were supported to maintain their health and wellbeing and had access to health professionals when needed.

People were happy with the food they received. The cook knew people's individual dietary requirements and provided fortified food for people who required extra calories. The mealtime experience was relaxed and staff provided the necessary level of support. People's weights were monitored regularly and expert advice sought from dieticians if there was any cause for concern.

People and their relatives were happy with the way care was delivered and happy with the staff approach. Staff interacted positively with people who used the service and had a good knowledge of the people they cared for. Relatives were made to feel welcome and were involved in the care planning process.

Staff provided care in a way that protected people's privacy and dignity and promoted independence. Advocacy support from external agencies was available should anyone require it.

Improvements had been made to care plans which now contained more information to help staff support people in a personalised way. People were receiving care that was tailored to their individual needs.

The environment felt homely and people had personal items in the living room as well as their bedrooms. The provider had employed a part-time activity co-ordinator who organised a variety of activities including visits from external entertainers and also spent time with people on a one to one basis.

There was a complaints procedure in place and people knew how to make a complaint if necessary.

People had end of life care plans in place and all staff had undertaken training in end of life care.

Equality and Diversity was part of the provider's mandatory training requirements and people were cared for without discrimination and in a way that respected their differences.

At our last inspection we found that records were not always complete or accurate and effective audit systems were not in place. Improvements had been made however, some records still had information missing. Action had begun to rectify the issues we highlighted but sustained improvement in record keeping is needed.

The system of audits had improved and these were taking place regularly. Staff meetings took place every two months and staff felt able to discuss any issues with the registered manager or the deputy manager.

An annual satisfaction survey was completed by people using the service and relatives. An action plan was produced in response to the feedback received.

The service had close links with healthcare professionals who gave positive feedback regarding the knowledge and cooperation of management and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Medicines, including controlled drugs, were stored safely, administered appropriately and disposed of correctly.

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken. Nurses had their PIN number checked to ensure their registration was current.

Dependency levels were calculated but this information was not used to determine the number of staff on duty.

Is the service effective?

Good 

The service was effective.

The majority of staff were up to date with training.

Staff felt well supported and received regular supervision sessions and annual appraisals.

DoLS requests were being submitted appropriately. Best interest decision were being made but decision specific mental capacity assessments were not being recorded.

People were supported to maintain their health and wellbeing and had access to health professionals when needed. People's dietary needs were met and their weight was monitored regularly.

Is the service caring?

Good 

The service was caring.

People were happy with the care they received. Relatives were welcome to visit at any time and were involved in planning their family member's care.

Staff treated people with dignity and promoted independence wherever possible.

Advocacy support from external agencies was available should anyone require it.

Is the service responsive?

The service was responsive.

Care plans contained information to help staff support people in a person centred way and care was delivered in a way that best suited the individual. However information on some elements of care was missing from some care plans.

An effort was made to engage people in activities that were meaningful to them.

There was a complaints procedure in place and people knew how to make a complaint if necessary.

End of life care plans were in place and staff had received the appropriate training to support people at this time.

Good ●

Is the service well-led?

The service was not always well led.

Some records were incomplete.

The quality of the service was monitored by system of audits. An annual satisfaction survey was also completed by people using the service and their relatives. Action plans ensured that any issues identified were acted upon.

Staff meetings took place every two months and staff felt able to discuss any issues with the registered manager or the deputy manager.

The service had close links with healthcare professionals who gave positive feedback regarding the knowledge and cooperation of management and staff.

Requires Improvement ●

Chestnut Lodge Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 November and 4 December 2017 and the first day was unannounced.

The inspection team consisted of one adult social care inspector, an inspection manager, a specialist professional advisor and an expert by experience. A specialist professional advisor is someone who has a specialism linked to the service being inspected, in this case a nurse. 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 the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with people living at the service. We spoke with five people who used the service and eight relatives. We also spoke with the owner, registered manager, three nurses, five care assistants and the chef. We also spoke with a community matron during our visit and with a community psychiatric nurse on the telephone.

We reviewed five people's care records and four staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

Due to the complex needs of some of the people living at the service we were not always able to gain their views about the service. We used the observations around the service to help us understand the experience of those people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Yes, I feel safe." Relatives we spoke with were also confident their loved ones were kept safe. One relative said, "I have no safety issues." Another relative said, "Staff keep [family member] very safe."

At our last inspection we found that people's medicine records were not always accurate or complete. This was a breach of our regulations. We took action by issuing a Warning Notice requiring the provider to be compliant with this regulation by 31 May 2017. During this inspection we found improvements had been made to medicine records.

There was written guidance for staff regarding the use of PRN (as required) medicines. The administration of PRN medicine was appropriately recorded and when we spoke with staff they were able to describe why these medicines were used and when they were needed. Some people had been prescribed medicines which may affect their blood pressure. In these cases staff monitored blood pressure prior to the administration of these medicine and records were completed twice daily. We did not see any unexplained gaps in people's medicine administration records (MAR).

The service has an administration of medicines policy in place and this covered all the key aspects of safe storage, preparation and administration of medicines. Staff were able to explain the system for ordering, receipt and disposal of medicines and we found stock levels were appropriate and well managed. Problems with obtaining disposal kits had been identified at our last inspection and this had been resolved by changing supplier. Medicines were stored in and administered from a secure trolley that was clean and tidy. We checked an open bottle of medicine and found the date of opening was noted and signed by a member of staff. We observed the afternoon medication round. The nurse checked medicine labels against records and checked the expiry date of medicines. People were offered their medicine with a drink and the nurse waited until they saw the medicine had been swallowed. Records were then updated and signed to show the medicine had been administered. This was evidence of good practice in the safe administration of medicines.

One person self-administered some of their medicines. We checked this persons care plans and medication charts and found there was a care plan in place for self-administration. There was documentary evidence to support the process. Although nobody was receiving medicines covertly at the time of the inspection there was a written protocol in place which had been written by the local Primary Care Trust.

We were told a weekly audit of medicines was undertaken by nursing staff. We saw records that confirmed audits had been undertaken weekly and the last recorded audit was carried out on 21 November 2017. There was a procedure for reporting medicines errors and form were available for staff to complete. There had been no errors reported since our last inspection.

All staff who administered medicines had a competency assessment undertaken within the last 12 months. The competency framework was held on each staff member's personnel file. The registered manager had not had a competency assessment but informed us they were making arrangements with a local pharmacist

who had agreed to undertake this assessment. Following our inspection we were informed this had been booked for 4 January 2018.

There was a controlled drugs protocol in place. Controlled drugs are medicines which are subject to stricter controls as they may be at risk of misuse. Controlled drugs were stored in a secure, locked cabinet that was only accessible by suitably trained nursing staff. Two members of staff signed to confirm administration of controlled drugs. We checked the stock of controlled drugs against records and found them to be correct.

Each registered nurse has a current PIN number and there was a system in place check these using the Nursing and Midwifery Council (NMC) website each month. We spoke to the office administrator who demonstrated the system and showed us the monthly prompt in the diary and recent PIN check records.

Policies and procedures were in place to safeguard people from abuse. Staff had received safeguarding training and there was a safeguarding policy in place that provided guidance on the types of abuse that can occur in care settings and how staff could report them. Staff said they would not hesitate to report any concerns they had. One member of staff told us, "I would feel confident reporting anything I had concerns about. I wouldn't hesitate to raise a safeguarding concern."

The provider also had a whistleblowing policy in place. Whistleblowing is when a person tells someone they have concerns about the service they work for. Staff were aware of how to confidentially report any such concerns although none of the staff we spoke with had ever needed to take such action. A member of staff told us, "If there was any cause for concern I would tell someone. If they didn't act on it I know the agencies to report things to."

We looked at the staffing level within the service. We did not see any evidence to suggest that staff levels were unsafe or that people were not receiving care in a timely manner. However, we received mixed feedback regarding staffing levels. One person using the service told us they felt there was enough staff but another person told us, "Staff have no time to chat." Some staff we spoke with felt there were enough staff but others thought staffing levels could be an issue at times. One member of staff told us, "People's care needs are met but I sometimes feel it's rushed." An extra member of staff was on the rota to provide support during the morning shift however we were told this shift was not always covered. A member of staff told us, "The extra shifts are not always covered on a morning. I'd say once or twice a week there is a shift missed."

The registered manager told us that a member of the nursing staff had recently left the service and they were actively recruiting for a replacement. The vacancy was being covered by overtime and agency staff where necessary.

A dependency analysis record was completed on a monthly basis. People's dependency was assessed and this information was then recorded on the analysis tool. We saw that across the year there had been some fluctuation in dependency levels but the staffing levels had remained static. We asked the registered manager how they were monitoring and planning staffing levels. They said that they had struggled to find a dependency tool they felt was suitable for the service. Although dependency levels had been calculated there was no link between this and the staffing levels needed. As a result staffing levels were based on the number of people living at the service and the knowledge of the registered manager.

We recommend the provider introduces a suitable dependency tool in order to ensure appropriate staff levels are regularly in place to meet the changing needs of the people using the service.

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken.

When new staff were recruited references were obtained and disclosure and barring service (DBS) checks done. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps providers make safer recruiting decisions and also prevents unsuitable people from being employed.

People had individual personal emergency evacuation plans (PEEPs) in place that were rated red, amber or green. This was to quickly and easily identify those people who needed higher levels of support in an emergency situation, red being the highest. The emergency file also included a one page information sheet for each person that summarised their care needs and provided essential information should they need to be temporarily accommodated elsewhere. A business continuity plan was in place which covered emergency situations such as staff shortages, adverse weather and pandemic.

Accidents and incidents were recorded and monitored monthly to look for patterns or trends that may indicate a need for action to prevent further incident. Where necessary action had been taken such as referring people to the falls team.

Care records contained detailed risk assessments which addressed each person's identified areas of risk. This meant that staff had access to information explaining steps to take to minimise risk and ensure people were kept safe wherever possible. These included risks such as falls, bed rails, malnutrition and skin viability.

Regular maintenance checks and repairs were carried out. These included checks on the premises and equipment, such as fire equipment, water temperatures and hoists. Other required inspections such as gas safety and electrical hardwiring and legionella testing had also been done.

The service was warm, clean and tidy with no areas of malodour. We saw staff using personal protective equipment (PPE) such as disposable aprons and gloves. The kitchen had been awarded a five star hygiene rating by environmental health and the service had scored 99% in an audit conducted by a specialist infection control nurse.

Is the service effective?

Our findings

People told us they were happy with the food they received. One person told us, "The food is alright, more than I can manage." Another person said, "At Christmas we have a big Christmas dinner with all the trimmings." A relative told us, "[Person's name] isn't a big eater but they tell me the food is always good."

At our last inspection we found procedures were not in place to ensure staff received the training needed to support people effectively. This was a breach of our regulations. We took action by issuing a Warning Notice requiring the provider to be compliant with this regulation by 31 May 2017. During this inspection we found improvements had been made and the provider was no longer in breach of regulation in relation to this.

Most mandatory training was now recorded on a training matrix that was colour coded to alert the registered manager 'at a glance' when training was due. The majority of staff were up to date with mandatory training. Mandatory training is the training and updates the provider deems necessary to support people safely. We saw that a number of additional training courses had been completed by staff since our last inspection, this included end of life training and training specifically tailored to the needs of the people. Medicines training was not included in the main body of the matrix but included in the list of additional training and this made it more difficult to monitor when this training was due for renewal.

Staff were happy with the training they received. One member of staff explained how a note was included with their payslip to remind them if any refresher training was due. Another member of staff told us, "Training is ongoing all the time. [Registered manager] is very good regarding training. It is relevant too and I feel I have gained good knowledge from it."

We identified that further improvements were still needed in relation to training records. Four out of ten nurses did not have medicines training recorded on the training matrix. We asked the registered manager about this and were told that two nurses were undertaking training and had been given workbooks to complete. The other two nurses were bank staff who were currently working elsewhere in the NHS. The registered manager had satisfied themselves that these staff were competent in the administration of medicines by completing observations however training certificates had not been seen and training records were not complete. Those nurses who were currently undertaking courses did not have any record of this on the training matrix and other staff who had training marked as 'booklet given' did not give any indication what the deadline was for staff completing these. We discussed with the registered manager the importance of accurate recording to ensure the improvements made in this area were successfully maintained.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found the service was not always working within the principles of the MCA. This was a breach of our regulations. We took action by requiring the provider to send us action plans setting out how they would address this issue. During this inspection we found improvements had been made and the provider was no longer in breach of regulation in relation to this. However, we identified that further improvements were needed in relation to recording of mental capacity assessments.

Nine people who used the service had DoLS authorisations in place. A further two requests had been sent to the supervisory body and were being processed. DoLS records were kept on people's care files so staff were aware who had these restrictions in place. The registered manager and administrator kept a list of all those people with authorisations in place and the date they were due for renewal to ensure they were kept up to date.

We saw that best interest decisions were being made on people's behalf and the records of these decisions and the people who were involved was kept on people's care files. Although these decisions were being recorded appropriately there was no evidence of capacity assessments being done prior to decisions being made in people's best interest. We discussed this with the registered manager who confirmed that formal, decision specific capacity assessments were not undertaken and told us they relied on the capacity assessment undertaken as part of the DoLS process to gauge a person's decision making ability. There was no evidence to suggest that best interest decisions had been made inappropriately or had impacted negatively on people however we discussed the importance of decision specific capacity assessments and the recording of these with the registered manager who confirmed they would be introduced immediately.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. The registered manager kept a timetable of when supervision meetings were due and the majority had been undertaken in line with this. One member of staff told us, "I honestly can't complain about the support I get. [Registered manager] is very supportive. If I am unsure about anything I know I can ask."

People were supported to maintain their health and wellbeing. People's care records contained evidence of visits and advice from a variety of professionals including community matrons, community psychiatric nurse (CPN), a Huntington's specialist nurse and the dietician.

We spoke with the cook who told us they were provided with everything they needed to provide a balanced diet for people living at the service. They had a good knowledge of people's dietary requirements and were able to describe how they fortified food for people who required a higher calorie intake or provide food of different consistency, for example fork mashed. They told us management were supportive and kept them updated with any changes.

We observed the mealtime experience during lunch. The dining area was small but adequate for the number of people who ate their meals in there. Tables were appropriately set and the food looked and smelled appetising. People were asked where they would like to sit and the mealtime was relaxed and unhurried. One person was laughing and chatting to staff; another person became tearful and decided to eat in their room which was not a problem. Staff were patient and promoted independence but gave support when people required it. People had chosen what they wanted for lunch earlier in the day but we saw there was a sign in the dining room to say alternatives were available and the cook confirmed that they would do their best to meet any requests people had. We saw people were also offered tea, coffee and snacks throughout

the day.

People's weights were monitored using scales where possible and those people who could not be weighed were monitored in other ways such as measuring upper arm circumference. Records showed appropriate involvement of dieticians and the speech and language therapy team (SALT) where there were concerns regarding people's nutrition. Four people were receiving their food via Percutaneous Endoscopic Gastronomy (PEG). A PEG tube passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. We saw from people's records that food was being given in line with the dieticians prescribed regime and with people's permission we observed staff administering nutrition by PEG.

The service was provided in a converted, two storey premises. On the ground floor people's bedrooms were located in corridors that radiated out from communal areas. Upstairs there were bedrooms and a lounge dining area so people had the choice of eating upstairs or joining others in the main ground floor dining area. There was a stair-lift in place to enable easier access between the floors. Bathrooms and toilets had clear signs so that people could easily identify them, making it easier for those people who were able to access them independently. Some people had equipment such as specialist seating which had been supplied to suit their individual needs. These had been obtained following assessment by an occupational therapist.

Is the service caring?

Our findings

People relatives told us they were happy with the staff approach and the care they received. Comments included, "The staff are very respectful", "I love them [the staff]" and "The staff are lovely."

Relatives also gave positive feedback. One relative told us, "I think it's lovely. The girls [staff] are lovely and it's always clean." Another relative told us, "The staff are caring without being too jokey." Another said, "The staff are very bouncy and it reflects in the way they work."

We observed positive relationships between people and staff. People were at ease in the company of staff and staff clearly knew the people they supported and their needs. When people became upset staff responded with compassion and there was a calm atmosphere around the service. Staff spoke to people kindly and patiently and explained what they were doing before providing care. Interactions between staff and people who used the service were unhurried. People were given the time they needed to take their medicines without being rushed.

We saw visitors coming and going throughout the day. Relatives told us they were always made to feel welcome when visiting their loved ones. One relative told us, "We can come anytime we want to visit." Another relative said, "I can visit day or night." One person was visited by a friend who told us they came to see them regularly.

Relatives felt involved in their loved one's care and thought the service kept them well informed. One relative told us, "I'm very involved in my [family member's] care" Another relative said, "I can ask questions about [family member's] care at any time." A third relative told us they had been involved in writing their family member's care plan along with staff and the person themselves.

Staff told us how they protected people's privacy and dignity. One member of staff told us, "We treat people with respect in everything we do, close doors, cover people when providing care. We always knock on a person's door." We observed staff providing care in a polite and courteous way. Staff knocked on people's bedroom doors and waited for permission before entering. Staff asked people if they objected to a member of the inspection team being present before carrying out any tasks. With permission we observed a person being supported with a PEG feed process. The person was kept discreetly covered during the process which was carried out efficiently and with minimum fuss.

People were supported to remain as independent as possible. One person self-administered some of their medicines, another went out to local shops on their own. Staff told us how they encouraged people to maintain their independence. One member of staff said, "[Person's name] kept dropping their cutlery at mealtimes. They had seen other people being supported and thought they needed extra help too but we got them specially adapted cutlery and with encouragement they have managed to continue to eat independently. It is so important for them to do as much as they can for themselves."

One member of staff told us, "I feel as if it is a family." Another staff member said, "The staff are really good

here, we don't have all the mod cons but we have everything we need to care for people and the care is always there."

Information about advocacy support from external agencies was available. The registered manager told us they had accessed advocacy services through citizens advice bureau in the past but there was nobody using an advocate at present. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

Is the service responsive?

Our findings

At our last inspection we found the service was not planning care in a person centred way or providing meaningful activities. This was a breach of our regulations. We took action by requiring the provider to send us action plans setting out how they would address this issue. During this inspection we found improvements had been made and the provider was no longer in breach of regulation in relation to this.

Care plans contained personalised information to help staff support people as individuals in a way that suited them best. For example one person's care plan gave detailed information on how best to communicate with them. It advised the use of closed questions as they were easier for the person to understand and also told staff to maintain eye contact to gauge the person's reaction as although they were unable to communicate verbally they had very expressive eyes. When we spoke with staff they were able to describe to us how a person's care should be provided in a way that reflected what we had seen in their care plans. Detailed life history information had been obtained for some people. Other relatives had also been approached but it had not been easy to obtain this information for everyone. We discussed with the registered manager the importance of staff documenting what they knew about people when information was not available from family members and adding to this as and when they learned more about people's likes and dislikes.

People were receiving care that was tailored to their individual needs and staff were responsive to any changes in need. One person had a prescription from the GP for anticipatory medicines as their health had recently deteriorated. Anticipatory medicines are prescribed 'just in case', for symptom and pain control during end of life care. A member of staff told us, "We know the people here really well. Most of us have been here a long time, them [people using the service] and us [staff]. We look at the way a person is behaving and we act according to that behaviour. We look at ways we can give extra support if it's needed."

Person centred care plans meant activities could be tailored more specifically to people's preferences. For example one person's care plan described them as enjoying listening to music and watching television. This was further enhanced by details of the radio stations they preferred and the types of programmes they had previously enjoyed watching. As this person was no longer able to give staff this information themselves it was important to have it correctly recorded.

The provider had employed a part-time activity co-ordinator and they were very enthusiastic about their role. We observed every person being approached by this member of staff, they offered different activities to people and spent time interacting on a one to one basis with people. They delivered hand massages and nail care to some people, chatting with them at the same time. They accessed information of interest for another person on an electronic tablet. The service had been decorated for Christmas and we were shown a number of decorations that people using the service had made as part of a craft activity. Group activities were also arranged including armchair exercises and movie nights.

A relative told us, "They have entertainment sometimes, and singing – it's a good atmosphere."

We observed the environment had been personalised to suit the people living there and as a result it felt very homely. For example people had family pictures and personal items in the living room. People were able to have pets and we saw two people had chosen to have a budgie. People's bedrooms were personalised and we saw that the younger people had décor and furnishing that reflected a more modern taste.

The provider had a complaints procedure in place. The registered manager told us and records confirmed no complaints had been received since our last inspection. People and their relatives told us they knew how to make a complaint if necessary. One person told us, "If I had a problem I would mention it to a member of staff or to the matron (registered manager). They would deal with it." One relative we spoke with said, "I have had a problem before, I raised it and they listened." Another told us, "I have never had to raise a concern, that's the sort of place it is. [Family member is a name not a number]."

One person had an advance care plan that had been written when they had capacity to make their wishes known. This gave details of how they wanted their care to be managed should their health deteriorate in the future. We spoke with the registered manager about this and they informed us this was an area they were currently working on. They recognised people had the right to make decisions regarding their future care and wanted to ensure they were supported to do this. People had end of life care plans in place and all staff had undertaken training in end of life care.

We asked how the service ensured the religious and cultural needs of people using the service were met. We were told that a Catholic priest attended the service on a weekly basis and religious representatives from other denominations also came to visit people from time to time. People who had been active within their church before moving to the service were visited by members of their church. Nobody using the service at the time of our visit required a modified diet for cultural or ethical reasons however the cook explained how they would source the information on how to cater for any such requests. Equality and Diversity was part of the provider's mandatory training requirements and people were cared for without discrimination and in a way that respected their differences.

Is the service well-led?

Our findings

At our last inspection we found that records were not always complete or accurate and effective audit systems were not in place. This was a breach of our regulations. We took action by issuing a Warning Notice requiring the provider to be compliant with this regulation by 31 May 2017. During this inspection we found improvements had been made and the provider was no longer in breach of regulation in relation to this. However, there were some records that still required improvement.

Training records did not fully reflect all aspects of staff training. Best interest decisions were being recorded but decision specific capacity assessments were not.

Most of the care records we looked at contained accurate and up to date information relating to people's care needs. However, we found one person did not have a care plan in place for their epilepsy and another person did not have a care plan in place regarding their mental health needs. This person had regular visits from a community psychiatric nurse (CPN) who administered an injection however there was no record to say what the injection was for or what their current mental health care needs were. The registered manager acknowledged these omissions and took action to address them.

On the second day of our inspection we found that an epilepsy care plan had been written and put in place. Following our visit we spoke with a community psychiatric nurse who confirmed the registered manager had requested support to write an appropriate mental health care plan.

A more structured approach to audits had been introduced and as a result they were being undertaken more regularly. Areas audited included medicines, pressure care, nutrition and hydration, mattresses and wheelchairs. Care plan audits were now completed using a checklist to ensure consistency. Any issues highlighted during these checks were recorded and discussed with staff involved so that lessons could be learned and the risk of similar mistakes was reduced.

The provider told us, "The audits are all being done. The team have worked very hard and pulled together. I hope you will see a marked improvement."

At our last inspection the registered manager told us they felt under pressure to complete all of the tasks they were responsible for. The provider had employed an administrator just before our last inspection and during this inspection we saw the positive impact this additional support had on the organisation of records making managerial oversight more straightforward. The registered manager told us, "I am a nurse and I want to remain involved in the nursing side of things. Having [administrator] in post has meant I am able to do this without worrying about the paperwork not getting done."

Staff meetings were taking place every two months. Topics covered included the redecoration of the service, introduction of handover sheets, team work and cover for staff absences. Staff told us they were happy with the frequency of meetings and felt able to approach the registered manager or the deputy manager between meetings if they had anything they wished to discuss. One member of staff told us, "I think the staff

meetings work well. I am able to raise anything that's bothering me and I think things are acted on."

The provider had an Equality of Opportunity in the Workplace policy in place that was reviewed regularly to ensure it remained up to date. This policy clearly set out the ways in which staff were protected from discrimination and the action staff could take if they felt the policy was not adhered to.

Staff spoke highly of the registered manager. One member of staff told us, "They (registered manager) are a good boss. They have been very supportive of me if I've had any issues." Another member of staff said, "[Registered manager] is always available if I need to discuss anything."

People who used the service and their relatives were given the opportunity to participate in an annual satisfaction survey. The most recent survey was conducted in October 2017 and we saw the results had been reviewed and analysed and an action plan was being produced in response to the comments made. A quarterly newsletter had also been introduced to keep relatives informed of activities and events that were taking place within the service. Relatives knew who the manager was and felt they were approachable. One relative told us, "They're a good manager... really nice."

The service had close links with healthcare professionals such as the Intensive Community Liaison Service (ICLS) who offer assessment and interventions for people who display behaviours that challenge. During the inspection we witnessed calls being made to a person's GP as staff had concerns about their pain management. We spoke with a community matron who told us, "The referrals made to us are always appropriate. Staff know the people who live here without even having to refer to notes and we rely heavily on their knowledge. If they ever have any concerns they seek advice." We also contacted a CPN who told us, "The staff are all really canny. One of them in particular gets on really well with [person's name] If I raise anything it is always addressed the next time I visit."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.