F.J.J. Healthcare Limited

Ashville House

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

We carried out an unannounced inspection to this service on 29 January 2019 and found improvements were required but there were no breaches of the regulations of The Health and Social Care Act 2008. We last inspected this service on 21 and 23 June 2016 and rated it good. Since the last inspection there have been no concerns about the service from other authorities and it has the same registered manager in situ.

Ashville House 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. Ashville House is registered to provide accommodation with personal care to 51 older people. During our inspection visit there were 44 people using the service. The service is situated close to amenities in the town of Downham market and provides both ground and first floor accommodation. There is a chair lift and passenger lift.

There was a registered manager at the service. 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.

In summary we found some aspects of the service very positive and other aspects requiring improvements. We found risks from the environment were not always well managed or taken into full consideration when an incident occurred. There were records of incidents, accidents and falls but the information was not fully collated, showing the level of impact or lessons learnt. Record keeping was not as robust as it needed to be which meant we could not clearly evaluate if people always received the care they needed. For example, around their skin care, hydration and nutrition.

Allocated staffing levels were based around people's dependency levels and for most staffing levels were appropriate. Some people told us however staff were sometimes rushed and call bells not always answered quickly at busier times of the day. Several people were frail and spent most of their time in their room. Their experiences were enhanced by staff spending time with them each day. Some people's experiences were that staff were busy and sometimes rushed.

Through our observations we saw that additional staff were employed to ensure high standards of cleanliness in the service. There were also activity hours which were used well and clearly benefited people and boosted their well-being. We found people were living well and engaged with all aspects of the service.

Medicines were managed safely and people's health care needs were monitored and the service was well supported by three different GP practices and other health care professionals. People received nutritional food and lived in comfortable surroundings.

Staff were adequately recruited, trained and supported. Staff worked well together and supported people

appropriately. The service was mostly well led and the registered manager well respected.

Staff were trained to recognise abuse and knew what actions to take to promote people's safety and well-being. Staff spoke with people regularly and gave them opportunities to feedback their experiences of the service.

The service run in the interest of people using it. The service had an established complaints procedure and listened to people's experiences and could demonstrate how they acted on their feedback. Most people and relatives were complimentary about the service and its management. Staff were kind and respectful and upheld people's dignity.

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. Staff understood actions to take should someone be lacking in mental capacity.

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.

We identified some risks to people's safety and were not confident that the records accurately reflected the care people received.

There were enough staff to meet people's needs and the service had robust staff recruitment processes.

The service was hygienically clean and systems were in place to ensure equipment was serviced and maintained.

People using the service felt safe and staff were trained to recognise abuse and knew what actions to take.

Is the service effective?

Good

The service was effective.

Staff were well trained and supported in their role. They understood best practice and current legislation.

Staff supported people lawfully and in line with their capacity.

People had their health monitored and saw health care professionals as required. We did have concerns about fluid records.

People received a balanced diet and staff were aware of people's dietary preferences.

Is the service caring?

Good

The service was caring.

Staff knew people well and enhanced their well -being.

Staff were respectful and upheld people's dignity.

People were encouraged to stay active and mobile.

People were involved in decision making and asked for their feedback.

Is the service responsive?

Good

The service was responsive.

People were living well; Care plans detailed people's needs and were well organised. People felt empowered and consulted. The service provided a lot of activity and stimulation to ensure people remained connected and engaged.

The service considered people's feedback and acted on complaints and concerns to improve the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service provided good outcomes for people but we found not all risks had been clearly identified and reduced and there were concerns about management oversight of this.

Record keeping needed to improve to reflect the levels of care provided.

The service engaged with people well and provided a service based on people's needs. It was an inclusive service with lots going on.

Staff were kind, well trained and well supported.

Ashville House

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.

The inspection took place on 29 January 2019 and was unannounced. The inspection was carried out 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. As part of the inspection we reviewed information already known about this service including the last report, notifications which are important events the service is required to tell us about. We reviewed the provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with eleven people using the service, two care staff, one senior member of staff, the registered manager, the cook and one activity staff. We spoke with four family members and observed the care throughout the day. We reviewed four care plans, daily records and looked at three staff recruitment records, staff files and other records relating the management of the service.

Requires Improvement

Is the service safe?

Our findings

The service was last inspected on 21 and 23 June 2016 and this key question was rated good. At our inspection on 29 January 2019 we have rated this key question as requires improvement.

Risks to people's safety were identified on the day of our inspection. We noted that most people living at the service did not have a diagnosis of dementia but some people were cognitively impaired and frail. We noted there was a kitchen centrally located with a serving hatch. and we noted it was left unattended twice when food was cooking. We found radiators were routinely covered and had a low surface temperature. We found however a large radiator uncovered and very hot to touch which could increase the risk of scalding should someone fall or contact the radiator surface. Hand rails were in situ but there were areas where there were no hand rails which might impede people's mobility. We brought these issues to the registered managers attention and they took prompt actions to address our concerns.

The flooring in some areas was sloped and there were some internal steps. These were poorly marked and nothing to help people distinguish between a change in flooring. The registered manager told us this was going to be addressed this year and a different floor covering would help people recognise a change in the floor level We noted a person recently fell at the service and had a significant injury. The accident form was signed off saying there was no mitigating factors increasing the risk of falls to the individual but on the actual accident record it stated the sloped floor was a factor. No immediate actions had been taken following this incident and this must be reviewed urgently.

The service kept a record of peoples falls, accidents and incidents and generally we saw a low pattern of falls which was encouraging. We felt this is because the service considered risk factors and took actions to reduce risk such as having individual risk assessments in place and providing equipment which helped staff to keep people safe, such as bedrails, pressure mats and pendant alarms. We found however when falls did occur there was insufficient analysis of them to ascertain if there was any specific patterns or reasons for a spike in falls. For example, we saw in October there was an increase in falls but no clear analysis of this.

We had concerns about how well the service managed people's hydration and nutritional needs. In practice we saw staff offering people regular drinks and filling up water and jugs of squash. We however saw some people were considered at risk of malnutrition and, or dehydration and had food and fluid charts in place. These were not fully completed and did not always show the amount people had eaten making evaluation difficult. The service had not established how much a person would normally drink and what their daily target should be. Fluid totals were not added up or evaluated to assess if a person was drinking enough. Records indicated low fluids on some days, which meant we could not be assured people were receiving the care they needed. Since the inspection the registered manager confirmed they have put in a more robust system.

We had concerns that the only way we could check people's weights was to go into each person's record individually. This information was not collated in a way in which we could review everyone's weight. For the people we reviewed two had lost weight over a period of time but it was difficult to see a clear pattern as

some months they had not been weighed at all. The registered manager gave an explanation for weight loss and told us several people had been poorly recently. Another person was very anxious around eating and had been referred to the mental health team. People's nutritional plans did not clearly show what actions staff must take to reverse weight loss. For example, actions described things like keeping a three-day food diary and supervising the person to encourage them to eat. This did not happen at the lunch time we observed and food diaries were not completed in a robust way to make any accurate analysis possible. We asked about weighing people at risk weekly but the registered manager advised us this was not felt necessary by the dietician. We were concerned from the records viewed that people were not always weighed monthly and a reduction in weight was not being identified quickly enough. Furthermore, the weighing scales had been broken meaning no one was weighed in December 2018. Weights were up to date at the time of our inspection visit. The service had not ensured that the risks associated with faulty equipment had been mitigated. The manager had completed a weight audit but the last one was dated August 2018 which was not sufficient in terms of capturing risk. The registered manager has confirmed more robust procedures are now in place.

Pressure ulcer audits were in place and showed actions taken but did not include basic information on the audit like if the Care Quality Commission or safeguarding team had been informed. When we asked for route cause analysis the paperwork was produced and showed that the relevant authorities had been informed. Documentation was not cross referenced or easily retrieved. Pressure ulcers were healing which meant treatment was effective but we had concerns about how people had acquired ulcers in the first place and audits did not show an analysis of this or lessons learnt. We had concerns about poor recording of food and fluids which would have an impact on people's skin integrity. The registered manager has confirmed they have improved their practice and staff have had refresher training in pressure care.

Some people were noted to have a choking risk and this had been assessed. Some people had soft/purred foods as appropriate to their assessed needs.

We spoke with people and relatives asking them if they felt safe and what helped them feel safe. The response was that people did feel safe. One person said, "Oh yes I feel safe. There is always someone around checking on you." Another person said," I feel safe as houses here. There is always someone here, much better than being on my own. They check on you all the time."

We found other aspects of the service safe in respect to fire safety, food hygiene, the maintenance and servicing of equipment. There were good infection control procedures and we found the service very clean with sufficient staff to ensure hygiene was maintained. We received positive feedback about the cleanliness of the service. One relative told us, "The laundry is very good here and they look after their clothes really well." Another said, "They are always cleaning. They clean the carpets in the corridors every month. They do it at night. If someone has an accident then they will clean it up immediately." Another person told us "They are gradually changing the carpets to hard floor. It helps to keep any smells out." Staff were trained in infection control and observed good infection control practices.

Staff observed good hygiene practices and helped prevent the spread of infection. The kitchen was recently awarded five stars which is the highest standard possible. We viewed the recent fire inspection, fire risk assessment and procedures to ensure people could be evacuated safety in the event of a fire. Equipment was well maintained but we noted one of the washing machines was out of order but was soon to be repaired. The service was nicely decorated and well maintained.

The service had systems in place to ensure medicines were administered as intended. Each person had a clear record of the medicines they were prescribed, what they were for and any possible side effects. There

was guidance for medicines to be taken occasionally and when this should be administered. Medicine audits helped ensure medicines were in stock, stored correctly, at the right temperature and administered when required.

We observed medicine administration and this was done correctly and safely by competent staff. We spoke with people about their medicines. All confirmed that the service kept hold of their medicines and there had not been any issues with the dispensing of this. People confirmed and we observed staff waiting with them while they took their medicines. Staff asked people if they would like to take painkillers.

Staff told us they completed training on line and then were assessed over at least three occasions to see if they were competent to give medicines. Any medicine errors were dealt with efficiently to ensure the safety of the person and to ensure staff were given the necessary support to improve their practice. There had been two errors in the last year which had been managed appropriately and had not resulted in harm

Some staff had recently been to a conference about best practice in health care. They told us that best practice was to review staff's competencies in medicine administration at least annually. They told us they were doing this. They were also updating their staff signature sheet so signatures on medication records could be identified if necessary.

The service had recently changed their pharmacy supplier. The supplying pharmacist has not yet provided training on its system which was not much different to what staff were used to. Systems were in place to ensure people received their medicines on time when they were time critical ie before food.

Staff promoted people's safety and were aware of how to raise safeguarding concerns if identifying potential or actual abuse. Staff regularly spoke with people and listened to their experiences and felt confident in raising concerns on people's behalf.

The service had systems in place to regularly review their staffing levels and try and ensure the level of staffing provided matched the level of dependency. We noted at times staff did not support people as much as we might expect, such as lunch time. We asked people about their experiences of staffing levels. Most felt staffing levels were was adequate but several people spoke about staff rushing. One person told us, "You sometimes have to wait 10/15 minutes for your bell to be answered but they have so many other people to attend to as well. It hasn't caused me any problems but I suppose it could." Another person confirmed they had to wait for the call bell to be answered at busier times of the day. One person summarised this by saying. "I have been here a long time and they have more people that need help now. There are more people with wheelchairs and a lot of them need two carers to help so that reduces help for other people."

The service assessed people's dependency levels so they could calculate how much support each person was likely to need. They then staffed the service accordingly. The registered manager told us how the shift was organised and felt there were sufficient staff which was reviewed regularly and any risks identified as part of their daily handover. Additional staff were employed to ensure the cleanliness of the service and to provide regular activities to people.

Staff recruitment was robust to help ensure people received their support from staff who had been robustly recruited and deemed suitable for employment. The registered manager took up references, employment history, proof of identification and address before employing new staff. They also carried a disclosure and barring check to enable them to make a judgement about the person and if they had committed any offences which might make them unsuitable for employment.

Good

Is the service effective?

Our findings

The service was last inspected on 21 and 23 June 2016 and was rated good in this key question. At our inspection on 29 January 2019 the service continues to be good.

Staff were supported with the professional development and had the necessary skills for their job role. People felt comfortable with the staff and felt they were well trained. One person said, "The staff soon get to know you and they always seem to know what to do." Another said, "The staff seem well trained. They have to deal with all sorts and it doesn't seem to worry them."

The service was planned around people's needs and staff knew people well. Staff had a handover before their shift so they had up to date knowledge of people's needs. Staff were given regular and updated training in all key areas for adult social care. Staff also completed an induction when first starting at the service, so they could understand their role and requirements of the organisation. New staff shadowed more experienced staff for two weeks or until comfortable. All staff were completing the care certificate which is a nationally recognised course which covers all the necessary standards.

Staff told us they had a supervision of their performance bi-monthly and this was programmed in advance and was well organised. Staff knowledge was kept up to date so staff were aware of current thinking and best practice. Staff discussed with us what training they had completed and how it informed their practice and helped them meet the needs of people using the service. Staff had completed dementia training and end of life care. Staff said at each supervision they discussed five different topics relevant to their work. The supervision/appraisal record included a lot of discussion about training and its relevance in the work place. For examples there were questions about infection control, the role of Care Quality Commission and what they looked at as part of their inspection and it asked staff to identify any areas of training they would find helpful to do their job. Training and supervision was logged on an electronic record which would flag up and highlight any missed or overdue training. Staff had regular meetings where they could discuss ideas. A new senior meeting had just been developed and some of the senior staff had been on study days.

People had access to a balanced and nutritious food and were supported to eat and drink at regular intervals. We had concerns however about staff recording of people's food and fluid intake. This was not robust or clearly evaluated to ensure everyone was eating well or identifying those who might need supplements or fortified diets.

We asked people about the food and their response varied. One person said, "I think the food is cooked really nicely, it always looks nice." Another said, "I like the food here. You don't get a choice at lunch but you do for tea." This was confirmed by others. Several people said the food could be bland and not always up to scratch. They did say however they had raised this with staff and it was addressed. The registered manager explained that people were able to add salt and pepper but some people required a low salt diet so salt was not automatically added to food.

We observed the staff bringing the tea trolley around at 11am and 3pm to offer people choices of drinks and

snacks, mostly biscuits. People and visitors were offered tea, coffee and biscuits. After the morning tea trolley people were offered a cold drink. There was a tray of three squashes and water in the corridor next to the lounge. We observed that people had drinks in their rooms and these were within reach. Our concerns about people's fluid intake was based on the records we saw which was not in line which what we observed.

The service employed a cook and kitchen assistant each day and food was freshly prepared and looked appetising. We noted a trolley full of tempting sweet puddings, and alternative low sugar, healthier options. It was served promptly and lots of people chose to eat in the dining room. The dining room was set up in a way to enhance people's mealtime experience. There were eight tables set with linen cloths and napkins, cruet, cutlery, glasses and jugs of water. People had a small glass of sherry, wine, beer or juice. Staff offered people a chance to wear an apron if they wished to protect their clothing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was the least restrictive it could be and people could move freely around the service. The service had applied for one deprivation of liberty authorisation with a clear rationale for this. They were still waiting for this to be assessed by the Local Authority.

Staff received training to help them understand the legislation in relation to mental capacity. They supported people lawfully and gained valid consent. Records gave clear information about mental capacity and decisions people had made. People had signed their consent for receiving treatment and care. Information had been made accessible to people and staff had ensured people understood the information. There was guidance for staff about keeping information secure according to data protection legislation.

Staff had sufficient knowledge about the principles of the MCA and supported people to make choices about their daily care and positive risk taking. Staff said they always assumed people have capacity and would discuss any concerns initially with family or other significant others. They told us how they promoted choices and respected the right of people to change their mind.

Staff supported people with their health care needs and people were encouraged to stay independent and involved daily. We observed people walking around and staff encouraging people to stay active and to use their limbs, through exercise classes. People were observed eating and drinking well and people had regular access to health care, primarily the GP. Assessments had been carried out giving information about any health history and risk factors. There were plans in place to show how staff should meet people's health care needs. People had access to the GP and other health care services as necessary. The service had an oral health policy and promoted good oral health for people. We saw evidence people had regular optical and foot care.

We identified some risks posed from the environment but generally found the environment provided a high

standard of accommodation for people. One person told us, "It is very homely here and comfortable." The service was clean, spacious and laid out in a way which enabled people, staff and visitors to have private space. The rooms were well utilised and we found when activities were provided full use of the space was made. There were sufficient bathrooms and showers and the service had a lift and stair lift. The outside space was secure and pleasant and the service was spotlessly clean and homely. People spoken with all said the environment and particularly the cleanliness of the service were very good.

Good

Is the service caring?

Our findings

The service was last inspected on 21 and 23 June 2016 and this key question was rated good. At our inspection on 29 January 2019 the service continues to be good.

The service enhanced people's well-being by providing regular opportunities for people to engage with others. The service was thoughtfully laid out to help encourage people to socialise or to have privacy if that is what they wished. Relatives were welcomed and had space they could use to meet their relatives and to make themselves a hot drink.

The care people received was personalised and the care plans gave enough information about people's needs and provided evidence that they had been consulted and consented to their care. Peoples preferences were known to the staff and a social history gave an insight into the person's life and any important events staff should be aware of. There was information which was relevant to people such as their religion and if they wished to go to a church or other building appropriate to their beliefs. Any cultural or dietary needs were considered in line with their preferred foods.

People told us about their experiences of living at the service and they all had positive things to say. We asked people about their routines and preferences. People confirmed that they could get up and go to bed when they wished. One person said," They don't rush you to get up in the morning and I go to bed about 9pm. I have had enough then." Another said, "They don't mind what time you get up and if you don't feel well you can stay in bed."

Staff encouraged people to stay independent while providing people with the support they needed. We observed people being supported appropriately with their manual handling needs and staff said recent training had really helped them and ensured they were supporting people in line with best practice. Equipment people needed was regularly serviced to ensure it was safe to use. Staff provided regular exercises for people to take part in which helped people stay mobile and increased their manual dexterity. Trips out were inclusive to anyone wanting to go which helped people stay well.

We asked people if staff treated them well and we had a positive response. Comments included, "The carers are lovely and have made me feel at home very quickly." Another person said,
"The staff are polite and nothing is too much trouble for them."

The service had a logical layout with some signage. Toilets and bathrooms had locks and staff were observed throughout the day knocking on doors and waiting for a reply before entering. Staff spoke with people respectfully and in a way, that indicated they were familiar with their needs. There were some friendly discussions and staff were encouraging and supportive. They always ensured the persons wishes were known and acted accordingly. There was a lot of laughter throughout the day with and by the people using the service.

People were engaged in the service. There was information around the service showing what was on the

menu, what activities were on offer and the results of recent quality assurance reviews. A newsletter the 'Ashville times', included articles and photographs with people's consent showing what people had been doing and their interactions with different activities, each other and staff. It also had a list of varied and interesting planned entertainment. There was a date of people's birthdays so these could be remembered and celebrated. Menus were also recorded in here. We viewed the daily sparkle which contains useful information, prompts and tips for carers to help people reminisce and the daily sparkle also gave information about what was happening on a specific a day, month and year to help spark conversation and memories.

Good

Is the service responsive?

Our findings

The service was last inspected on 21 and 23 June 2016 and was rated good in this key question. At our inspection on 29 January 2019 the service continues to be good.

People's needs were planned for and staff could tell us about people's needs. A robust initial assessment was completed and then care plans and risk assessments put in place which gave sufficient information for staff to care for the person. Care records included an accident pack which gave essential information and personal profile for each person. The idea of this pack was it would accompany people if they needed to go to hospital. The information would enable someone not familiar with them to care for them.

Staff were familiar with people's needs and told us how they cared for people according to their wishes. Staff had a handover which kept them up to date with people's needs. Staff said they did not always review and write in the care plans and it was not always them who wrote the daily notes about how a person had been although they had delivered their care. This meant information could get lost in translation and we could not be assured of the accuracy of recording. The service used an electronic recording system which was both logical and well understood. Information was easy to access and care plans were cross referenced with risk assessments. Regarding recording information contemporaneously, the registered manager agreed one way they could achieve this is for staff to have hand held information tablets. This would hopefully increase the accuracy of the information and reduce the risk of staff forgetting to record the care that was given.

Records included a social history and information about what was important to the person. People were supported to stay active and engaged. People told us about the hairdresser and getting their nails done. People told us there were things planned throughout the week. One person said, "We seem to have a good activities coordinator. She is always organising something. It is good." Another person said, "The activities coordinator does exercises with us 3 times a week and I join in with most things." People also commented on the garden, one person said, "I have easy access to the outside. It will be nice in the summer to go into the garden." Another said," They have really good gardeners here and the garden looks lovely in the summer."

The service provided regular opportunities for activities to stop people becoming bored. The service had planned activities throughout the week and alternative weekends. There were some days that activity staff did not work but staff said on these days outside activity entertainers would come in. We saw activities were very well attended and engaged people well. A physical fitness exercise programme was put on regularly and people encouraged to stay mobile and use their brain by taking part in quizzes and reminiscence. Arts and crafts took place (run by a visiting teacher) and a classical evening. They also had a gardening competition people could plant up tubs and enter these.

Activities were very well attended with about half of the people using the service attending and relatives being asked to support. Music entertainment and singers were a regular feature from an Elvis impersonator to old time music. There were regular outings to Kings Lynn for shopping, garden centre, lambing farm, sea side and they recently took 22 people out to the local pub.

Books, newspapers, puzzles and games were available. At weekends the service showed old movies in one of the lounges and had choc ices. Four people liked to play scrabble so they had started to do that at weekends. During the morning the activities coordinator ran an exercise class for half an hour. 15 people were in the lounge joining in. They used a ball to exercise and the people really seemed to enjoy it. At the end staff ran a verbal quiz where people had to go through the alphabet and name seaside towns. There was a great deal of interaction and laughter.

During the afternoon a person visited to do exercises to music. Initially the exercises were the same as the morning but they used tennis balls. They then moved on to exercises with hats and then a tambourine. They had people singing and guessing the name of the song and singers. There was again much hilarity and interaction.

We observed staff actively encouraging people to join in and going from room to room. Some people chose to stay in their room and staff said they would visit them and speak with them, some read and there was a visiting library and hairdressers.

The service supported people for as long as it was appropriate to do so. The service completed assessments and reviewed these with people and included information about people's wishes should they become ill, approaching the end of their life or require evasive treatment or surgery. This helped ensure the service could uphold people's wishes and ensure people had a dignified death in the surroundings they had requested. Anticipatory medicines would be available with the support of the GP and district nurses to help manage any pain symptoms. Staff received training to help them provide good end of life care.

The service had an established complaints procedure and this was clearly displayed. The service was responsive to people's feedback and able to demonstrate what actions they had taken. People advised us that they would be happy to speak with the registered manager if they had any concerns. None could recall any major concerns that they had raised. One person told us about another person coming into their room, they had raised this with the registered manager who took actions to address this. Because the service was responsive there were very few formal complaints, most concerns were dealt with immediately. We saw a recent complaint and how it had been resolved. We also saw many compliments about the care people received and the activities available. Regular, well attended meetings gave people and their family the opportunity to have their say.

Requires Improvement

Is the service well-led?

Our findings

The service was last inspected on 21 and 23 June 2016 and was rated in this key question good. At our inspection on 29 January 2019 we have rated the service as requires improvement.

In many respects we found this a well-managed, well led service but had some concerns about the safety of the service in some respect and the lack of clear oversight of some of the issues we identified. We were confident these would be quickly addressed and found the registered manager to be responsive and dedicated to ensuring people received a good service. On our initial feedback they told us how they would be addressing our concerns.

Staff were relaxed and promoted people's well-being through the regular provision of activities and ensured people's needs were met in an individualised way, considering peoples preferences. Although we found there were enough staffing we also found times when staff missed opportunities to actively engage with people such as mealtime. Staff were serving meals but did not engage with people other than to provide them with their plated meal. This might have helped ensure people were encouraged and motivated to eat.

We asked people and their relatives what they thought about the service and received positive feedback. One person told us, "The Manager is excellent, so helpful and friendly." Another person told us, "I feel I am lucky to be in here. It is like a hotel."

The approach to risk management was not sufficiently robust. We noted some unnecessary risks which could easily be managed to ensure peoples safety. We found records were not as robust as they could be, neither did they clearly show if the person had been given the care they needed.

Individual risks to people's safety were assessed and the service had adopted a pragmatic approach to risk taking. They encouraged and promoted choice in the least restrictive way possible and in line with people's mental capacity.

Audits were in place but we had concerns that oversight was not always sufficient or actions taken timely. For example, weighing scales were not replaced or repaired quickly, (as service were waiting for a part to be replaced,) and some people's weight had been fluctuating putting them at increased risk of malnutrition. Falls records did not show a clear analysis or possible reasons for a spike in falls for one month but this was later explained by the registered manager and actions had been taken regard an increase of falls for one person.

The service considered the feedback it received and acted accordingly. There were regular meetings and surveys used as part of the services quality assurance process. We saw examples of these. We asked people how the service considered their views. People told us that regular meetings were held. One person told us, "The Manager takes notes at the resident's meetings and seems to listen. We wanted to go to the pub and they arranged it."

The service was located close to town and staff enabled people to access community facilities should they want to and were able to. The environment enabled people to live well and socialise with others and their families.

Staff were supported with sufficient training and this helped support their development. Staff received regular supervision and observation of their practice and worked well as a team. There was a senior team to help ensure the shifts were sufficiently organised and additional staff to support with cleaning, cooking and activity. Staff morale was high and we observed a positive environment to live and work.

Staff reported the owner was very supportive and visited the service at least twice a week. We did not ask for recorded evidence of this. Staff said they were approachable and would purchase anything necessary for the service. Staff said the registered manager was very kind and helpful.