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Abbotsford - Pinner

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 and 30 September 2016 and was unannounced. Abbotsford - Pinner is a care home for older people providing accommodation and care for up to 24 people. At the time of our inspection there were 20 people using the service.

At our last inspection on 19 October 2015 we rated the service as "Requires Improvement". We found a breach in respect of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff supervisions, appraisals and staff training. We also made a recommendation in respect of medicines storage temperature checks and audits.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and their relatives informed us that they were satisfied with the care and services provided in the home. During the inspection we observed that people were well cared for and appropriately dressed. People who used the service said that they felt safe in the home and around staff. Relatives of people who used the service told us they were confident that people were safe in the home.

Individual risk assessments were completed for people. However, the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. This could result in people receiving unsafe care and we found a breach of regulations in respect of this.

Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

On the days of the inspection we observed that there were sufficient numbers of staff to meet people's individual care needs. Staff did not appear to be rushed and were able to complete their tasks. Staff told us that staffing levels were adequate and that they had enough staff to carry out their duties. However, some people who used the service told us that there were inadequate staffing levels. We discussed this with the registered manager and she informed us that staffing levels were regularly reviewed depending on people's needs and occupancy levels and at the time of the inspection there were sufficient staffing levels.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal. At the last inspection we made a recommendation in respect of temperature checks of the medicines cupboard. During this inspection in September 2016 we found the home had implemented daily temperature checks and these were recorded.

We looked at various aspects of health and safety in the home and found some deficiencies. The gas boiler safety certificate expired in May 2015 and we discussed this with the registered manager who explained that this had been an oversight and that an appointment had been scheduled. Documents confirmed that a fire drill had been carried out in March 2015 and then in May 2016. There was no documented evidence to confirm that a fire drill had been carried out between this period of 14 months.

Personal emergency and evacuation plans (PEEP) had been prepared for people who used the service.

Weekly fire alarms had been recorded but we found there were a number of occasions where the fire alarms had not been tested weekly. We raised this with the registered manager and she confirmed that this had been an oversight. .

We found the premises were clean and tidy and there were no unpleasant odours. However we found that there was a lack of documented records to confirm that some essential maintenance had been carried out. For example, there was a lack of documentation to confirm that the gas boiler had been serviced. We raised this with the registered manager and she confirmed that the gas boiler had a service scheduled in October 2016.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. At the previous inspection we found a breach of regulation in respect of staff supervisions, appraisals and staff training. However during this inspection in September 2016, we found that the home had made improvements in respect of this.

Care plans were person-centred. However, we found that care preferences such as people's likes and dislikes were not consistently recorded in people's care support plans.

Staff had a basic understanding of the principles of the Mental Capacity Act (MCA 2005). However, we noted that staff had not received training in the MCA. Capacity to make specific decisions was recorded in people's care plans. However, we found that this was not consistently recorded in people's care support plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made necessary applications for DoLS and we saw evidence that authorisations had been granted.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People were mostly satisfied with the meals provided. Food looked appetising and was freshly prepared and presented well. Details of special diets people required either as a result of a clinical need or a cultural preference were documented.

We observed respectful and caring interactions between care support workers and people who used the service. Care staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. People appeared to feel comfortable and at ease in the presence of staff.

People had the use of a lounge which was comfortable and inviting. People and relatives told us that they were satisfied with the home and that it had a homely feel. The home had a large garden that was well looked after and people and relatives spoke positively about this. People and relatives spoke positively

about the atmosphere in the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

People and relatives told us that there were sufficient activities available. On the first day of the inspection we saw people taking part in relaxation therapy and on the second day of the inspection a coffee and cake morning. Activities included quizzes, scrabble and music therapy.

The service did not have an effective system to monitor the quality of the service being provided to people using the service and to manage risk effectively. We noted that since our inspection in September 2016 the home had documented some audits they carried out. For example we saw an infection control audit, a quality audit looking at various health and safety aspects in people's bedrooms, kitchen area audit and medication audit. However we did not see evidence that these checks were carried out regularly and consistently since the last inspection.

During this inspection in September 2016 we found there were still some areas where the quality of the service people received was not effectively checked and the home failed to identify their failings. For example; the home had failed to identify the lack of information in people's risk assessments and the lack of specific information regarding people's mental capacity in some care plans. The home did not have a documented audit in place to check people's care plans and they had failed to identify the lack of information in care support plans specifically in respect of personal care and people's preferences. The home also had failed to identify the failings in respect of health and safety issues and fire safety. The home had failed to effectively check essential aspects of the care provided and did not have an effective quality audit to identify these failings. We found a breach of regulation in respect of this.

The home had carried out an annual resident's satisfaction survey in February 2016 and the results from the survey were generally positive.

People and relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen. There was a system in place to deal with complaints appropriately.

Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering what further action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 ●

There were aspects of the service that were not safe. Risk assessments did not clearly reflect all the potential risks to people which could mean risks not being appropriately managed and could result in people receiving unsafe care.

There were a lack of records confirming that essential inspections and maintenance had been carried out around the home.

People who used the service and relatives we spoke with told us they were confident the home was safe.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good ●

The service was effective. Staff were supervised and felt well supported by their peers and the registered manager.

Staff had completed training in various areas to enable them to care for people effectively.

People were able to make their own choices and decisions. Staff had basic knowledge of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

People were treated with respect and dignity. Staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Wherever possible, people were involved in making decisions about their care.

Is the service responsive?

One aspect of the service was not responsive. Care plans lacked information about people's individual needs and choices.

There were activities available to people. People and relatives spoke positively about the activities available.

A formal satisfaction survey had been carried out in February 2016 and the results were generally positive.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Requires Improvement ●

Is the service well-led?

There were aspects of the service that were not well led.

The service did not have an effective system in place to monitor the quality of the service being provided to people using the service and to manage risks effectively. The service had failed to effectively check various aspects of the care provided and had failed to identify their own failings.

The service had a clear management structure in place with a team of care support workers, domestic staff, the deputy manager and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

People and relatives told us that the registered manager was approachable and they were satisfied with the management of the home.

Requires Improvement ●

Abbotsford - Pinner

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 28 and 30 September 2016. The inspection team consisted of two inspectors. .

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We reviewed ten care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with twelve people who used the service and six relatives. We also spoke with the registered manager, deputy manager and six care support workers.

Is the service safe?

Our findings

People who used the service told us that they felt safe in the home and around staff. When asked if they felt safe in the home, one person told us, "I am happy here. The staff are respectful. Oh, yes staff are very good to me." Another person said, "I feel safe here." Another person told us, "I do feel safe here. Very safe."

Relatives told us that they were confident that people were safe in the home and around care staff. One relative said, "[My relative] is absolutely safe there. I have no worries whatsoever." Another relative told us, "[My relative] is absolutely safe around staff and in the home. They do put resident's safety first." Another relative told us, "[My relative] is completely safe around staff."

Risks to people were not always identified and managed so that people were safe and their freedom supported and protected. We found there were individual risk assessments for people using the service. This included the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. There were also pressure ulcer risk assessments which included the use of the Waterlow scoring tool and moving and handling risk assessments and falls risk assessment. However, we found that these contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. Risk assessments lacked information about preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. For example, one person's care plan stated that their mobility was restricted due to a stroke and a previous fall. However, the risk assessment lacked information about the level of support this person required from care support staff in respect of their mobility, the potential risks associated with this person's mobility and details of the measures put in place to mitigate potential risks associated with their mobility.

One person told us they administered their medicines themselves and the registered manager confirmed this. However, we found that there was no risk assessment in place in relation to this person administering their medicines themselves. There was no guidance about how this area of risk should be managed, monitored and how potential risks such as overdosing, forgetting to take prescribed medicines could be mitigated.

Whilst care plans included a risk assessment document for medicines, we noted that there was a lack of information about potential risks associated with people's medicines. For example, one person's care plan stated that they were prescribed Warfarin. However, there was no risk assessment in place detailing the risks associated with this person taking Warfarin or potential side effects such as severe bleeding, severe headaches and vomiting. There was no guidance for care support staff in this person's care plan on how this area of risk should be managed and no information about the measures put in place to mitigate potential risks associated with taking Warfarin.

We discussed the lack of information in risk assessments with the registered manager. She explained that they would review all the risk assessments and update these to ensure they contained more information to clearly state what the risks were and what measures they had put in place to ensure risks were minimised for

people in the home. At the time of the inspection risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being carried out appropriately. Risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were arrangements for the ordering, recording, administration and disposal of medicines. We noted that no CD (controlled drug) was stored in the medicine cupboard and the deputy manager confirmed that no people in the home were prescribed CDs. Our previous inspection on 19 October 2015 found that regular temperature checks of the medicines cupboard had not been recorded and we made a recommendation in respect of this. During this inspection on 28 and 30 September 2016 we found that the home had taken necessary action in respect of this and had consistently recorded the temperature in the medicines cupboard. We also found that there was a record confirming that unused medicines were disposed of via the pharmacist. The home had a system for auditing medicines and this was carried out by two care support workers and documented. There was a policy and procedure for the administration of medicines. There were no unexplained gaps in the medicines administration charts examined. People we spoke with told us they had been given their medication on time.

During this inspection we found that the medicines cupboard did not comply with legal requirements and was located in the kitchen. The registered manager stated that this would be replaced without delay and following the inspection she provided evidence to confirm that they had ordered a new medicines cabinet. She also stated it would be sited away from the kitchen.

Training records indicated that staff had received training in safeguarding people. However, we noted that the majority of staff required refresher safeguarding training. The registered manager confirmed that staff were scheduled to receive this. Staff we spoke with were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager or deputy manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC. The home had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed.

The home had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

We looked at the staff rota and discussed staffing levels with the registered manager and care support workers. On the day of the inspection there were a total of 20 people who used the service. The staffing levels normally consisted of the registered manager, deputy manager and four care support workers during the day and domestic staff and two care support workers during the nights. All care support workers we spoke with told us that staffing levels during the day and at night were adequate and they raised no concerns in respect of this. Relatives we spoke with told us they had no concerns regarding staff numbers. However, the majority of people who used the service told us that there was a shortage of staff. One person said, "There seems to be a shortage of staff." Another person told us, "They are short on staff." We discussed

the feedback from people with the registered manager. She explained to us that since the provider's other home had closed in August 2016, six people had moved to Abbotsford –Pinner from the other home and this increased the occupancy levels at the home and created concerns amongst people who were living at the service. They were worried that there would not be enough staff. The registered manager explained that as soon as the move occurred there was an increase in staffing levels at Abbotsford – Pinner from three to four care support workers. The registered manager also explained that in order to reassure people in the home that there were enough staff, she was ensuring care support workers were constantly present so that people could see them. She explained that the service had introduced a "comfort round" at 9am each morning where a member of staff would go to people's rooms and speak to them so that people were confident that there were care support workers present in the home. The registered manager explained that there was flexibility in respect of staffing numbers and this was under constant review depending on people's needs.

There was consistency in terms of staff so that people who used the service were familiar with staff. One relative told us, "The consistency and quality of staff is good. Care staff are the same and the home are careful about who they employ." We saw that people who used the service were comfortable around staff.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records and found comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

The electrical installations inspection certificate indicated that the home's wiring was satisfactory. Labels were attached to the majority of portable equipment which had been tested. We however, noted that the TV and portable fan in the ground floor lounge had not been tested within the past twelve months. We discussed this with the registered manager and she confirmed that all appliances had been tested by maintenance but had not been documented. We explained that such checks need to be documented and the registered manager confirmed that this would be done in future.

We found that there was evidence of safety inspections of the portable hoists. However, the gas boiler safety certificate expired in May 2015 and this was confirmed by the provider. We discussed this with the registered manager and she explained that this had been an oversight and that an appointment with a gas provider had been arranged for 24 October 2016.

There was a fire risk assessment and a fire evacuation plan in the event of a fire. Fire drills were recorded. We noted that the records indicated that the most recent fire drill was carried out on 19 May 2016. The fire drill prior to this was carried out on 6 March 2015. Therefore a fire drill had not been carried out for a period of 14 months. We discussed this with the registered manager and she confirmed that this had been an oversight and said that she would ensure that fire drills would be carried out more frequently.

Personal emergency and evacuation plans (PEEP) had been prepared for people who used the service. The fire procedure was on display in the home and stated that there was a meeting point in the event of a fire. However, the exact location of the meeting point was not identified in the fire procedure on display. Weekly fire alarms had been recorded. We however, noted that on a number of occasions the fire alarms had not been tested weekly. Gaps were noted on the following date; 12 to 27 April 2016, 11 to 25 May 2016 and 4 to 14 September 2016. We raised this with the registered manager and she explained that the deputy manager may have been on holidays during these periods. We explained that if the deputy manager is away on leave this task should be delegated to another member of staff. The registered manager told us that in future this would be done.

The registered manager stated that checks of the hot water temperature had been carried out regularly by staff and hot water temperatures were recorded prior to showers being provided for people. There was however no documented evidence of these checks. The registered manager explained that these checks had been done and she would ensure that the maintenance person documented these checks.

We checked window restrictors in six rooms on the first floor. We found that one bathroom did not have one in place. Two bedrooms lacked a window restrictor and one bedroom had a restrictor but this was not adequate as the gap was too wide. We raised this with the registered manager and she explained that maintenance were in the process of checking these and ensuring that window restrictors were fitted where necessary.

The premises were clean and there were no unpleasant odours. People spoke positively about the cleanliness of the home. One person said, "The staff are hygienic. They wear gloves and aprons if needed." Another person told us, "It is very clean and tidy in the home." We noted that staff had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. We visited the laundry room and discussed the laundering of soiled linen with care support workers. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them in a sufficiently high temperature.

Is the service effective?

Our findings

People who used the service and relatives indicated that they were satisfied with the care provided at the home. One person told us, "As a home it is quite nice. They do look after me. They are pretty good. They go out of their way for me." Another person said, "It is very good here." One relative said, "Care staff are always friendly, welcoming and thoughtful. The care is extremely good." Another relative said, "Staff are knowledgeable. There are some long serving members of staff and no high turnover of staff. The consistency and continuity is good. I am confident about the level of care."

Our previous inspection in October 2015 found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We did not see evidence that all staff were supported to fulfil their roles through regular documented supervisions and appraisals. Also, records indicated that there were significant gaps in staff training.

This inspection on 28 and 30 September 2016 found that the service had made improvements in relation to the concerns previously raised. Since the last inspection care support workers received regular supervisions. Care support workers received a mix of group and individual supervision sessions. These sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

We looked at the training matrix which confirmed that staff had received refresher training since the last inspection in infection control, medicines management, first aid, health and safety and fire safety. Staff spoke positively about the training they had received.

There was an induction programme in place which included policies and procedures, aims and objectives, staff conduct, information on health and safety. We did not see evidence that staff were completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. We discussed this with the registered manager and she explained that since the last inspection, they had not recruited any new staff. However, she said that in future when staff were recruited they would complete the Care Certificate.

All staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the home. They commented on the good team spirit amongst staff, good knowledge and skills possessed by all staff in the home which had helped to maintain a good working standard in the home. One care support worker told us, "I feel supported here. Any problems and I can always go to the manager. I am very comfortable working here. Staff morale is good right now. We can talk and we work together."

People had their healthcare needs monitored. There was evidence of recent appointments with healthcare professionals such as people's dentist, optician and GP. Information following visits by GP and other

professionals were documented in people's records.

Care records showed that nutritional needs of the people who used the service were met. Where people had a low weight and a low body mass index, we saw that the service had referred them to the dietician or GP for advice and were monitoring their progress. People's weights were recorded monthly so that the service was able to monitor people's nutrition and there was detailed information about people's nutritional needs. In one care plan we noted that it was recorded that this person had a poor appetite. There was information included in the care plan about this person's nutrition requirements and guidance for staff. It stated "Staff to encourage high calories in her food and fluid intake. Lots of cream in her puddings. If [person] refuses, please encourage the ensure drink."

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

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. We noted that the majority of people in the home had capacity to make decisions. Care plans contained mental capacity assessments including information about people's mental state and cognition. However, we found that some mental capacity assessments lacked specific details and information was not consistently recorded. We discussed this with the registered manager and she explained that they would review these to ensure that all mental capacity assessments included the appropriate information.

Staff had basic knowledge of the MCA. We noted that staff had not received MCA training in this area and we discussed this with the registered manager. The registered manager confirmed that all staff were scheduled to receive this training in 2016. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the service had made an application for one person and this had been authorised. We were provided documentation to confirm this.

The arrangements for the provision of meals were satisfactory. The majority of people spoke positively about the food. One person said, "I have no problem with the food. There is generally always a choice." Another person told us, "Food is alright- no problem. If you don't like something, they give you something else. We get a roast on Sundays. They have food I like." Another person told us, "The food is good. Today it was perfect. There is always a choice. I can tell them if I do not like something." This person explained to us that on that day they did not want the options of beef or pork for lunch and asked for salmon instead. They said that this was provided for them and told us, "It was lovely. Staff are very flexible when it comes to food. Breakfast is our choice too." However, one person was not positive about the food provided in the home. They told us, "The food is awful."

Relatives we spoke with spoke positively about the food in the home. One relative said, "[My relative] is happy with the food. There is a varied diet and lots of choice. The food quality is good. There is always an

alternative." Another relative said, "The food is very good and I'm impressed with the food. It is a good standard and they are obliging." Another relative said, "There is fresh food every day and it's local produce."

We spoke with the registered manager about the feedback received in relation to food and she explained that food is prepared freshly every day and that there is always a choice of a hot meal for lunch and dinner. She also explained that there are always alternative for people if they do not want to eat what is on the menu.

During the inspection we spoke with one care support worker who was also responsible for cooking meals on some days during the week. She was knowledgeable of people's dietary needs and preferences and told us that all the food prepared in the home was freshly prepared daily. The home had a weekly menu and it included a variety of different types of foods. There were alternatives for people to choose from if they did not want to eat what was on the menu.

During the inspection we observed people having their lunch, which was unhurried. The atmosphere during lunch was relaxed. Some people sat on their own individual tables and others sat at tables together. People were able to engage with staff and people who use the service. We observed that meals were presented attractively. Staff took care to offer people choices about what they wanted. People were offered water, juice and teas and coffees during the meal. Staff were attentive and created a pleasant atmosphere chatting with people over lunch.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People receiving end of life care had the appropriate plans in place. They also had "Do not attempt cardiopulmonary resuscitation" (DNACPR) forms in place. All the DNACPR forms we viewed were signed by the GP, relatives and nursing staff and were up to date. There were also care plans in place which clearly stated the end of life wishes for people. We noted that some DNACPR forms were in black and white rather than in colour and we spoke with the registered manager about this. She explained that she was aware of this and had queried it with the GP and they had informed her that they only provided black and white versions of the DNACPR forms.

Is the service caring?

Our findings

People told us that they were well cared for in the home and they were treated with respect. One person said, "Staff are pretty good. They are caring and helpful." Another person told us, "Staff are very kind, caring and friendly. They are thoughtful. Staff are ever so obliging. Always." Another person said, "Staff are very, very nice. They are considerate."

Relatives told us that the home was caring. One relative said, "Staff are always caring and friendly. [My relative] is happy there. There is a family atmosphere. We were lucky to have found this home." Another relative told us, "I can't praise the staff enough. They are caring and friendly and part of the family."

All staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. One person told us, "Staff always knock on the door before coming into my bedroom." We saw staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs.

We observed respectful and caring interactions between care support workers and people who used the service. Care staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. Care staff smiled and asked people how they were. People appeared to feel comfortable and at ease in the presence of staff.

We saw some information in people's care plans about their life history and their interests. However we noted that this was not consistent in each care plan we looked at. We spoke with the registered manager about this and she advised that they would ensure all care plans included such information. Staff were aware of information regarding people's background, interests and needs. This ensured that staff were able to understand and interact with people.

People were supported to maintain relationships with family and friends. Relatives told us that they were well treated whenever they visited the home and they were kept informed about their family member's progress. One relative told us, "They tell me what's going on." Another relative said, "I do have regular contact with the home. I am 100% confident that I am kept informed of developments."

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The registered manager explained that they supported people with their spiritual needs and said that all people were treated with respect and dignity regardless of their background and personal circumstances. One person who used the service told us, "If want to go to church, they can arrange to take me there." Kitchen staff were aware of people's cultural meal requests and we saw that this information had been documented. Kosher meals were provided for some people who used the service. One person who used the service told us, "I eat Kosher food and they help me with this."

People had the use of a lounge which was comfortable and inviting. People and relatives told us that they were satisfied with the home and that it had a "homely" feel. The home had a large garden that was well looked after and people and relatives spoke positively about this. One person said, "The garden is lovely. It is the part." One relative said, "The garden is a huge bonus. It is very popular." Another relative told us, "It is a gorgeous premises. The home and garden is brilliant." People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounges and some people chose to spend time in their bedroom.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People who used the service told us they were happy to raise any concerns they had with the staff and management at the home. One person said, "We can tell staff straight away if we do not like something. We are never frightened to do that because staff are ever so obliging always." Another person said, "I have no complaints. I know who to go to. I will talk to the manager if I have a problem." Another relative told us, "They are very helpful. I can chat to the staff. The staff do consult with me about my care."

Relatives spoke positively about the responsiveness of the home. One relative told us, "Without a doubt I feel able to raise concerns if I need to. They really do respond to things. I can really communicate with the manager. She is very approachable and she listens and is sensitive." Another relative said, "The home meets [my relative's] needs. They are responsive and they listen."

There was a complaints policy which was displayed throughout the home. There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. The service had a system for recording and dealing with complaints.

The service provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been assessed before they moved into the home. Care plans were prepared with the involvement of people and their representatives and were personalised. Care plans had been signed by people or their representatives to show that they had agreed to the care they received.

We noted that the quality of care documentation varied and care support plans were not fully completed. For example, all care support plans had a section titled "Personal care" which was designed to record what daily personal care people received. However we found that there were significant gaps in these records in people's care support plans. For example the personal care chart of one person had gaps of 10 or more days for July, August and September 2016. Another person's personal care chart stated that their face had only been washed on 8 days between 1 and 28 September 2016. This meant that according to the documentation, there were 20 days where this had not been carried out during this period. This meant there was no documented evidence that the required care had been provided. We raised this with the registered manager and she explained that many people in the home were independent and were able to carry out various aspects of their personal care themselves and often when this occurred, the personal care documentation was not completed. We explained to the registered manager that such information needed to be recorded consistently and the registered manager said that they would review the way in which this information is recorded.

Care plans were reviewed monthly by staff and were updated when people's needs changed. The registered manager explained that the regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

People were encouraged to attend resident's meetings in order to discuss the running of the home. Meetings were held quarterly for people living at the home where they could give their views on how the home was run.

The majority of people who used the service and relatives we spoke with told us there were activities available for them to participate in. They spoke positively about the activities available. One person told us, "I can do what I want to do here. I don't take part in activities but there are some." Another person told us, "They have activities – board games, quizzes." However, another person told us, "There are not enough activities. There could be more. We have a quiz on Tuesdays. We have relaxation therapy." One relative told us, "There are activities available. [My relative] gets involved. She loves it. There is lots to do and keep their minds occupied." Another relative said, "There are activities available. Karaoke, relaxation sessions and scrabble on Sundays."

The home had various activities available for people to participate in and external activities organisers attended the home to provide activities such as weekly quiz, relaxation therapy and music therapy. On the first day of inspection we observed people taking part in "relaxation therapy" where the organiser used various musical instruments and techniques to encourage people to relax and this was popular amongst people in the home. On the second day of the inspection, we observed that there was coffee and cake morning.

During the previous inspection in October 2015, we noted that a formal satisfaction survey had not been carried out in 2015. During this inspection in September 2016 we found that a satisfaction survey had been carried out in February 2016 and the feedback was generally positive. The registered manager explained to us that it was important to ensure that people felt able to raise their concerns and encouraged people to talk to her if they had any concerns and not wait for the satisfaction survey to raise issues.

There was a suggestions box so that people could leave their feedback and comments. Further, we saw evidence that there were resident's meetings so that people could raise any queries and issues.

Is the service well-led?

Our findings

People spoke positively about the registered manager and said that they had confidence in her. One person said, "The manager is very good." Another person told us, "The manager is very good. She is excellent." Another person said, "The manager is very capable and helpful."

Relatives said that they were confident that the home was well managed. One relative told us, "The manager is extremely good. Incredibly professional, understanding and caring. She is very personable. The manager really gets involved and understands the home." Another relative said, "The manager is very approachable and easy to talk to. She is contactable and always available. She is hands on and gets very involved with service users. She listens. She has a good relationship with staff."

The previous inspection of the home in October 2015 found that the home's quality assurance policy was not comprehensive and did not include information on audits. We found that there was a lack of documented evidence to confirm that regular audits were carried out by the provider and we made a recommendation in respect of this. The inspection of September 2016 found that there was a revised policy and the service had introduced an internal audit policy and procedure.

This inspection in September 2016 found that since the last inspection, the home had documented some audits they carried out. For example we saw an infection control audit, a quality audit looking at various health and safety aspects in people's bedrooms, kitchen area audit and medication audit. However we did not see evidence that these checks were carried out regularly and consistently since the last inspection.

During this inspection in September 2016 we found there were some areas where the quality of the service people received was not effectively checked and the home failed to identify their failings. For example; the home had failed to identify the lack of information in people's risk assessments and the lack of specific information regarding people's mental capacity in some care plans. The home did not have a documented audit in place to check people's care plans and they had failed to identify the lack of information in care support plans specifically in respect of personal care and people's preferences. The home also had failed to identify the failings in respect of health and safety issues such as the lack of fire drills in 2015/2016 and the gaps in the weekly fire alarm. We found that there was no effective and consistent audit in place to check fire safety and therefore the home had failed to identify the failings in respect of fire safety. We also noted that whilst the service had carried out a health and safety audit in people's bedrooms in March 2016, they had failed to identify that some bedrooms required window restrictors even though the audit did cover window restrictors. Therefore it was not evident that the audit was effective at identifying areas where the home were deficient. We also noted that the home had failed to identify the lack of records for water temperature checks and that the gas boiler was overdue an inspection. The service had failed to effectively check essential aspects of the care provided and health and safety aspects and did not have an effective quality audit to identify these failings.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a management structure in place with a team care support workers, domestic staff, the deputy manager and the registered manager. Staff had a positive attitude and were of the opinion that the service was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities.

Staff informed us that there were daily informal meetings where they could discuss the care of people and any specific issues on a daily basis. These meetings were not documented. We noted that a formal staff meeting took place on 6 October 2015 and then on 7 June 2016, both of which were documented. We saw no further documented evidence of staff meetings and raised this with the registered manager. She explained that meetings had taken place but had not been documented and explained that meetings would be documented in the future.

The home had policies and procedures in place to provide staff with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Some of the policies were out of date and we saw evidence that the registered manager was in the process of reviewing and updating these.

The policies and procedures were kept in the office next door to the home. This office may not be accessible at certain times and if no one was there. This is not a suitable arrangement as they should be readily available for staff at all times. We discussed this with the registered manager and she advised that the policies and procedures were usually kept in the home but as she was reviewing and updating them they were in the office.

Accidents and incidents were recorded and the registered manager confirmed she monitored these to prevent them reoccurring and to encourage staff and management to learn from these.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of documented evidence to confirm that effective systems were in place to monitor and improve the quality of the service specifically audits.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Some risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could risk people receiving support that was not appropriate and unsafe.</p>

The enforcement action we took:

Warning notice