Olney Care Homes

Bay 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection was unannounced and took place on 30 December 2014.

Bay House is registered to provide accommodation and support for up to 24 people who require personal care and may have a range of social, physical and dementia care needs. On the day of our visit, there were 16 people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that safeguarding systems and processes were in place at the service but were not followed consistently. During our inspection we identified two incidents that had occurred within the service, which had not been reported to either the Care Quality Commission (CQC) or

Summary of findings

the Local Authority. Although the cause of both incidents had been identified, there was no explanation of how the service would prevent them from happening again; neither was there any remedial action identified.

We found that new members of staff had commenced work without adequate checks having taken place.

The procedure for ordering medicines and recording the administration of medicines was not consistently followed by staff. It was evident that there were not effective processes in place for the ordering and recording of medicines at the service.

We found that cleaning within the service was not satisfactory. People were not protected from the risks of infection as there were ineffective cleaning processes in place.

People who used the service and their relatives told us that they were happy with the care they received from staff, and felt that they were involved in decisions about their care and day to day choices.

There was sufficient on duty staff to meet people's needs and keep them safe. Staff numbers were based upon people's dependency levels and were flexible if people's needs changed.

Staff had been provided with a formal induction, essential training, on-going supervision and appraisal to enable them to care for people effectively.

We saw that there were policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could make decisions for themselves were protected. The documentation we looked at did not consistently evidence that formal mental capacity assessments had taken place for important decisions; for example the use of bed rails.

People could make choices about their food and drink and were provided with a choice of food and refreshments, with support to eat and drink where this was needed.

People had access to health and social care professionals as and when they needed. Prompt action was taken in response to illness or changes in people's physical and mental health.

Staff were knowledgeable about the specific needs of the people in their care, so that the service was effective in meeting people's individual needs. People's personal views and preferences were responded to and staff supported people to do the things they wanted to do.

The home had an effective complaints procedure in place. Staff were responsive to people's concerns and when issues were raised these were acted upon promptly.

The registered manager and senior staff encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always used as effectively as they could have been, particularly in relation to the monitoring of staff records, medication and infection control.

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

Summary of findings

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

This service was not always safe.

People were not always safe because systems in place to make sure people were protected from abuse and avoidable harm were not consistently followed. The registered manager did not always act appropriately on safeguarding concerns to ensure that people were fully protected.

Staff were not always recruited following a robust and safe recruitment process.

Safe systems and processes were in not in place for the management and administration of medicines.

People were put at risk because cleanliness and hygiene standards had not been maintained consistently.

Is the service effective?

Requires Improvement

This service was not always effective.

Staff had received appropriate training and development and were knowledgeable about the specific needs of the people in their care.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity. However, some improvement in documentation and recording of best interest decisions was required.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

Arrangements were in place for people to have access to external heath, social and medical support to help keep people well.

Is the service caring?

Good

This service was caring.

People told us the staff were kind in the way they spoke to them and supported them in a friendly manner with genuine care.

We saw that people were treated with kindness and compassion and that staff engaged with them positively.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

Is the service responsive?

Good

This service was responsive.

Summary of findings

Care plans were reviewed on a regular basis and where appropriate, changes incorporated into them.

People were supported to do the things they wanted to do and a range of activities in the home were organised in line with people's preferences.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Requires Improvement 

This service was not consistently well led.

There was a registered manager in place, supported by a deputy manager.

We found that the service promoted a positive culture that was inclusive of staff and people.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always used effectively, in relation to staff records, medication and infection control.

Bay 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.

This inspection took place on 30 December 2014 and was unannounced. The inspection team consisted of three inspectors.

The provider completed a Provider Information Return (PIR). 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. We also checked the information we held about the service and the provider and made contact with the local authority to obtain additional information.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times, individual tasks and activities. We also spoke with or observed the care being provided to ten people living in the home, so that we could corroborate our findings and ensure the care being provided was appropriate to meet their needs.

We spoke with seven people who used the service, three relatives and one health professional. We also spoke with the registered manager, four members of care staff and one member of kitchen staff.

We looked at five people's care records to see if their records were accurate, up to date and that the care provided was in line with their assessed needs. We looked at further records relating to the management of the service including quality audits, staff records and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with confirmed they felt safe living at the service. One person said, "I feel safe here, the staff always check on me." Another person told us, "Staff check on me every two hours at night, it makes me feel safe." It was evident from our conversations with people and our observations that people felt secure in the environment and safe because of the care that staff provided them with.

Staff were knowledgeable about protecting people from abuse. One member of staff said, "We all really care about people here; it is our job to keep them safe." Staff were able to describe the different types of abuse and explained that they would report any problems they had to the registered manager. They said that they had undertaken training to support people's safety and recognise and report abuse and the records we saw confirmed this.

The registered manager told us that they had an open door policy and encouraged staff to report any safeguarding concerns to them, however there had not been any reason to raise safeguarding alerts at the service. They also described the process for reporting concerns to both CQC and the Local Authority.

During our inspection we identified two incidents that had occurred within the service. One incident involved a person falling and sustaining an injury. The second related to a person having not received their medication because the service had run out and had not been able to obtain more supplies for two days. We found that the cause of both incidents had been identified, however there was no explanation of how the service would prevent this from happening again and neither had been reported to either CQC or the Local Authority. The registered manager told us that they had not reported any of the incidents but would do so immediately.

Staff told us that incidents that occurred in the home which compromised people's safety were recorded, but we found this to be in numerous different accident books, that all ran concurrently. Staff were unable to find evidence in one of the incident books without searching through all of them. The causes were recorded; however any remedial action taken to keep people safe and information on how the incidents were reported was not. Staff were therefore not able to determine what action had been taken for people, which meant they could not be assured that appropriate action had been taken to safeguard people and reduce the impact upon them.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us that they had been recruited to the home efficiently. One staff member said, "I had to apply, then have an interview and do some shadowing." We spoke with the registered manager about the recruitment processes for the service and they told us that they had a stable staffing group and did not have a high turnover of staff. The registered manager explained that when staff applied for jobs at the service they would be asked to complete an application form and go through an interview process. Staff would then be invited to shadow a senior member of staff to establish their suitability and would then go through the preliminary checks before commencing employment. All new staff were employed subject to a probationary period and where staff had not fully met the expectations of their role, additional support would be arranged as needed, to assist staff in achieving their learning and development goals.

Despite our assurances form staff that they had been safely recruited, we found that two new members of staff had commenced work without adequate checks having taken place. We looked at one staff file and found that they had completed an application form, but no character references had been obtained and the service had not completed the necessary background checks. We also saw that the provider had not obtained the necessary documents to prove staff members identity and their legal entitlement to work in the United Kingdom.

We found that a second member of staff had completed an application form and there were no records held on file regarding their criminal background checks, identity and references. The registered manager told us that the staff member had moved from a different service and had a Disclosure and Barring Service (DBS) certificate; however this was not on file. The registered manager also told us that they had obtained a verbal reference for the staff member but not recorded it.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires Improvement

Is the service safe?

People told us that they received their medication when they wanted it. One person said, "Oh yes, they always give me my medicines on time, they are good like that." We observed the morning medication round and found that people were given medication with their breakfast. We saw staff give people their medicines when they wanted them and that they supported people to take their own medication, without rushing them.

We spoke with the deputy manager who told us that they felt it was important that people had their medication when convenient to them. They also explained that one person would not even consider taking medication until they had a cup of tea. We saw during our observations of the medications round that this was the case.

We looked at the storage of medication and found that they were stored within a locked medication trolley. The medication came from the pharmacy in blister packs ready for administering and we saw staff providing people's medication from the packs and recording the medicines given on a Medication Administration Record (MAR). However, we looked at six people's MAR's and found that there were numerous gaps in recording where staff had not signed for the medicines they had given to people.

We checked people's current medication stock levels and found that one person had not received their medicines for two days. Staff told us that this was because they had used the medicines and a further supply of medicines had not been ordered in advance. This meant that the person was at risk of their condition deteriorating because they did not have the required medicines. The deputy manager told us that this had been identified and the duty GP had been advised. This person's medication was delivered during our inspection. The failings within the system however meant that there were not effective processes in place for the ordering and recording of medicines at the service.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although people told us they were happy with the cleanliness within the service, we found that the systems for cleaning were not satisfactory. We looked at communal areas and found that the carpets were either stained in places or had debris on them. We found that chairs were stained and furniture in people's rooms, such as trays, was dirty. We also found that people's waste bins had not been emptied in their rooms and their carpets had debris on them.

We looked at toilets within the home in the morning and found that all of them were soiled. We also found that commodes within the toilets were also soiled. We returned after lunch and found that they were still soiled and staff had not cleaned them. We saw the floor space around one toilet was wet and that bins within the toilets did not have a working pedestal, and had not been emptied. People were not protected from the risks of infection as there were ineffective cleaning processes in place.

We spoke with the registered manager who told us that the employed cleaner was currently on annual leave and therefore night staff were responsible for the cleaning of communal areas at this time; however they were not always able to do it completely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager and staff told us that where people were at risk of harm, individual risk management plans had been put in place to promote their safety. Staff said that they completed risk assessments in a number of areas such as, falls, nutrition and skin integrity and these were regularly reviewed to ensure the risks to people were minimised. Despite this, it was evident that people's risks were not always managed consistently. We saw that although people had individual risk assessments for identified risks such as pressure care and nutrition, that where the risks were increased, it was not always evident what measures had been put in place to minimise the risks. For example, one person required assistance from staff to transfer using equipment. There was no clear information in the plan detailing what support the person needed or what equipment should be used to provide the support. For another person who had experienced a series of falls, there was no supporting falls risk assessment in place to guide staff as to the action that should be taken, for example, ensuring that the area was safe and free from obstacles. Risks around people's needs were not always recognised or appropriately assessed and as a result of this, the care and support provided by staff to people could have been compromised.

Requires Improvement

Is the service safe?

People told us that they felt there was enough staff at the home to keep them safe. One person told us, "There are plenty of them, they are great." Another person told us "They always come quickly if I need help." We spoke with staff who told us that they felt there were enough staff to meet people's needs and keep them safe. One member of staff told us. "We are busy, but I think there are enough of us." We spoke with the registered manager who told us that the staffing levels were calculated on people's dependency levels. The registered manager explained that the current staffing levels were five care staff in the morning, three in the afternoon, three in the evening and two night staff.

The registered manager told us that the staff allocated to each shift were considered, because of the differing levels of experience at the service. When compiling staff rota's, the registered manager explained that they needed to ensure that a member of staff that was medication trained was present and that a mix of experience was allocated to each shift to ensure that there was the right balance. The registered manager also told us they worked alongside staff when needed to offer additional support. We found that the rotas were compiled on a monthly basis and the described staff numbers were apparent on each shift.

Staff told us that they did all that they could to protect people from general risks around the service. One staff member said, "We always offer them support to keep them safe." The registered manager told us that people with mobility difficulties were always supported to move by two members of staff and when attempting to sit at the dining tables, three members of staff. They also told us that where people were at risk of falls they would do all that they could to minimise the risks, by moving bedroom furniture and consulting with other professionals for advice and guidance. Staff confirmed that risks to people were reviewed on a monthly basis to establish if the service could take any additional measures to protect people.

We saw that people's furniture was positioned to create ample space in their bedrooms, however within the corridors of the service we found that a number of obstacles were present such as an unused television, screens, chairs and a metal door stop. We spoke with the registered manager about this and they told us that they would move them to maintain people's safety within the home.

Requires Improvement

Is the service effective?

Our findings

People said they thought that the staff knew their needs well and had undergone the right training in order to provide appropriate care. One person told us that staff were always able to attend to their needs appropriately and showed the right level of knowledge when supporting them. We were told, "Staff have a lot of experience." Relatives and visitors also told us that staff knew people really well and understood their needs.

One staff member said, "They're all their own people so they get what care is required." It was apparent from our observations that staff knew who needed support, for example, at mealtimes and how to respond to people who required regular reassurance because of their anxieties.

Staff told us that they had received a good induction when starting at the home and that it had helped them to settle in. They confirmed they had completed the provider's induction training programme upon taking up post, which involved working alongside and shadowing more experienced members of staff. All staff told us that the induction period helped them to understand people's needs and to be aware of the expectations of the role they would be undertaking.

Staff also confirmed they had received additional training which helped them to understand how to attend to people's needs using best practice and current guidance. One staff member said, "We have a lot of training here. It is always useful and I think you can never have too much training." They said that the training was relevant to the needs of the people who lived at the service and included areas such as dementia care, health and safety and food hygiene. Staff told us that this helped to improve their practice and offer care and support to people in the way they needed, for example, with manual handling. The registered manager described that she had links with the district nurse team and the GP's serving the home, who would offer additional support and training to staff should this be required. Staff training records confirmed that the provider supported the staff by providing regular training updates. It was evident that the provider took steps to ensure that staff had the correct skills and experience to provide a good quality of care for the people living at the service.

We observed through their actions that staff had understood the training they had received. For example, in respect of manual handling where full explanations were given to people when supporting them to transfer. We saw that people were talked to throughout the procedure and reassured if required. For those people living with dementia, we observed that reassurance and distraction techniques were used to support people who became anxious. It was evident that staff were knowledgeable about people's conditions and support needs and that this had been enhanced by the training they received.

Staff described how they discussed their training needs with the registered manager as part of supervision sessions. They said that they could request additional support or training if they did not feel confident to provide a care task they were asked to perform. Staff told us they found the sessions helpful and that they helped them to evaluate their skills and feel valued and supported. The staff members we spoke with also told us that if they had any problems or questions between supervisions they did not have to wait until their next supervision meeting, but could go to the registered manager at any time, as they were very approachable and always willing to help.

We spoke with the registered manager who told us that staff supervision meetings took place every three months and that all staff received an annual appraisal. The records we reviewed confirmed this.

People told us that staff always gained their consent before supporting them. One person said, "Oh yes, they always ask me, they never just do." Staff told us that they always sought people's consent before assisting them with personal care and that people had the right to refuse or accept their support. We observed this in practice on the day of our inspection, for example, with staff gaining consent before supporting someone to have lunch or ensuring that people were happy to move from their chair before they helped them to return to their bedroom.

We spoke to relatives who told us that although they were not aware of the Mental Capacity Act (MCA) 2005, or the process it sets out for making decisions on behalf of people using the service, they were confident that both staff and the registered manager had people's best interests at heart when supporting them to make decisions. The registered manager and staff told us that they had an awareness of the act and the individual steps to be followed to protect people's best interests.

Requires Improvement

Is the service effective?

When we spoke with staff they were able to confirm the action they would take if a best interest decision needed to be made; for example, to ensure that people were appropriately represented and that any restrictions of their liberty were undertaken in their best interest and in the least restrictive manner. However, in one person's file, we found that where bed rails were used, this had not been considered as a potential method of restraint and the reason for the use of bed rails was not evident in the documentation. It was however evident that this action had been taken to protect the person and that it had been in their best interests.

We discussed this with the registered manager who told us that they would ensure that all documentation was reviewed and updated with immediate effect. The registered manager also confirmed that no formal mental capacity assessments had been completed within the care records for people with variable levels of capacity, although this was always considered by staff when delivering care. For example, where people were recorded as having fluctuating capacity in their care plans, it was evident that regular reviews had not taken place, which could mean that some assessments were not as accurate as they could be. The registered manager assured us that prompt action would be taken to rectify this.

The registered manager had a working knowledge of Deprivation of Liberty Safeguards (DoLS). We were told that no one living at the home at the time of inspection required an application to be made under the DoLS, as there was no one who was subject to a level of supervision and control that may amount to deprivation of their liberty. The registered manager told us that although no applications had been made, that they would be considered for people in order of priority and based upon their needs. We looked at whether the service was applying DoLS appropriately. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty at the time of our inspection. The service was therefore meeting the requirements of the DoLS.

People told us that they were very happy with the food available. One person said, "I really do like the food and I always get a choice." Another person said, "The cook is very good here, she makes great food." We saw people being offered second helpings and observed the cook placing extra meat on one person's plate and removing one type of vegetable from another person's plate as they did not like it. Each portion was individually sized to the person's preference, as detailed within their records, and there was plenty left over should people want more.

We observed people having breakfast and lunch and saw that the majority of people who lived in the home came to the dining room for their meals. We found that the meal time experience for people was relaxed and provided the opportunity for people to socialise with each other. People who wished could have their meals in their own bedrooms and it was apparent that mealtimes were flexible. For example, people came to the dining room when they were ready, some people preferred to spend time in bed in the early morning and staff supported them to do this. Another person did not want their breakfast at their normal time and staff supported them to eat at a later time when they were hungry. Staff supported and assisted people where required, to eat their meal. For example, cutting up food and staying with people and talking to them, whilst they ate their meal to make it a more pleasurable experience.

We observed people requesting and being provided with snacks throughout the day. Hot and cold drinks were regularly offered and also provided at peoples' request. Staff ensured that they offered people a choice, even if they knew what people liked. For example, we observed one person being offered a choice of tea, coffee, water or juice; even though the member of staff knew that the person's preference was for tea.

We spoke with catering staff and found they were aware of people's nutritional needs including those who required thickened fluids, a diabetic diet or fortified foods. Staff told us that care records showed that people's nutritional needs were assessed and recorded and that people had been assessed for the risks associated with poor dietary intake and dehydration. People assessed at risk of not receiving sufficient amounts to eat and drink had daily records kept on the actual amount of food and drinks they had. The staff closely monitored their food and drink and reported any deterioration in their nutritional intake to the person's GP. We saw that nutritional assessments were completed within each of the care files and referrals had been made to the speech and language and dietician services as required.

People we spoke with, and their relatives, told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. One person told us that they felt

Requires Improvement

Is the service effective?

unwell on the morning of our inspection and the staff were prompt to react and call the GP, who visited later in the day. A visiting health professional confirmed to us that staff were quick to identify any changes in people's conditions and always responded appropriately. Staff told us that they supported people to attend medical appointments and arranged for health professionals such as an optician or a chiropodist to visit the home regularly. Records detailed information about care reviews and when appointments were scheduled. We saw that any actions required following a health professionals visit or an appointment was clearly documented within the records.

Good

Is the service caring?

Our findings

People told us that staff always had time for them, treated them with great kindness and that this always made a difference to how they felt. One person said, "Staff are so kind and caring, they always stop and talk to me, well everyone really." Another told us, "I feel like they are my friends."

There was a relaxed and friendly atmosphere within the home and people told us that they considered Bay House, 'A home from home.' One person said, "The staff are good, they really do know how to look after me." We observed staff taking time to interact with people and engaging and smiling with people when they entered the communal lounge area or dining room. We saw staff explaining what was going to happen before carrying out a task or activity and with one person, supporting them using a walking frame to walk to breakfast. They encouraged the person to walk but did not rush them. There was friendly interaction between staff and the person, as they stopped to chat with passing members of staff on the way.

We observed staff holding hands with people and saw that two people using the service kissed staff on the cheek to thank them for supporting them. We heard some positive examples of conversations with people, about things they were interested in, for example, people's relatives who were due to visit. It was evident that the interaction between staff and people was positive and that people took comfort from this. We observed one person with high levels of anxiety being given additional support and encouragement from staff. As a result of this the person was able to engage with staff and others in the house, as their anxiety levels reduced.

Interactions between the staff and people living in the home on the day of our visit were relaxed and we saw staff showing kindness and compassion. This was particularly noticeable towards one person who remained in their bedroom and required regular observations. Another person who requested staff support on a frequent basis was treated with respect and responded to with patience, with staff taking time to engage in a friendly manner.

People and staff were seen to engage in a meaningful way with each other on a frequent basis, for example staff took time to sit with people and read the paper or to talk about their past lives. One person said that staff were very good to them and always polite. Another person told us that staff really cared about them, "If you ask for anything, they will do their best to get it for you." Staff emphasized that they worked hard to foster mutually beneficial relationships with people, so that they got the best possible care. Our observations showed that staff took pride in their roles and understood their responsibilities, striving to give good quality care to people.

Relatives said that they had felt engaged in the gathering of information during the initial pre- assessment of needs. Staff told us that they thought it was important to spend time with people or family members so they could understand their histories and to gain information about their past and present interests and preferences; for example, if it was someone's preference to have a female carer. They said that this enabled them to provide personalised care which was inclusive of people's choices. We found that assessments were reviewed and updated on a regular basis and saw that care records held information about people's lives and achievements. It was clear that people and their relatives had been involved in developing their own life history profile. It was not always documented if people had been involved in the reviews of their care plans; however people told us they felt they were involved in making decisions about their care and that their contributions were valued.

The staff we spoke with told us they felt they knew people well and considered that it was of benefit to both them and the people who used the service, if they knew their needs well. One staff member said, "If I know people, then they will get the care they need and that is what we are here for, to give good care. It means a lot to me to know that people are happy here." Another staff member said, "Of course we want to give good care, we are like one big family here, we spend so much time together. We all know each other well and care about what happens."

Staff told us that no one who lived in the home currently had an advocate. The registered manager however confirmed that they held information to give to people about how they could find access the services of one should the need arise. People were therefore supported to be aware of advocacy services which were available to them if required.

People commented that the staff made sure they were given privacy when having a shower and they always knocked on the door and waited for an answer before

Good

Is the service caring?

entering the room. We observed that the staff discreetly responded to people who required assistance with personal care. Staff confirmed how they ensured people's privacy and dignity was respected and told us they would provide any personal care in the privacy of a closed room; such as a bedroom or bathroom and would encourage people to dress appropriately but would respect the decisions they made.

Staff were also able to explain what confidentiality meant and how they would act to ensure people's information is kept confidential.

We spoke to visitors and relatives who told us that staff were always very friendly and that they were very good at their jobs. They told us that they were able to visit at any time and were always made to feel welcome. The registered manager and staff told us that there were no restrictions on relatives and friends visiting the service and that visitors were made to feel welcome when they visited. We observed this during the inspection and found that that visitors were made to feel at home with a cup of tea, and the opportunity to meet with their loved one where they wanted. It was evident that the service supported people to maintain contact with family and friends.

Good

Is the service responsive?

Our findings

People told us that they received care and support that was specific to their needs and was reviewed on a frequent basis. They told us that staff were committed to meeting their needs and our observations confirmed that requests were attended to in a timely manner. When we asked one person if staff included them in their care, they told us that they felt fully involved in the assessment of their needs and that staff always asked them what support they thought they needed. They said that this meant their care was always reflective of their needs.

We observed that the care and support people received was in response to individual needs. For example, we saw that a person who did not want breakfast was offered food later in the morning. Another person who refused a drink requested one later and it was provided immediately. Throughout the day staff responded to people's need for support in a timely fashion.

People and where appropriate, their family, told us they were involved in writing and reviewing their care plans to make sure their views were represented. They said they were encouraged to say what they were good at, what they required support to do and how they wished to be supported to remain independent. Staff told us that prior to admission people had been assessed to ensure that the service was able to meet their needs. One member of staff told us that care plans were developed and built upon, as the staff became more aware of the needs of people.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. They confirmed that they had recently spent time reviewing and updating care plans to ensure they accurately reflected people's needs and wishes. Where possible, it was apparent that people had been involved in this process, and where appropriate, information had been obtained from relatives and friends. Care plans contained information about people's health and social care needs and were relevant to each person. They contained appropriate information on people's health needs, preferences, communication needs, mobility and personal care needs. There was guidance for staff on how people liked their care to be given and descriptions of people's daily routines. We saw the plans were regularly reviewed in conjunction with family members, and updated to reflect any changes in the care and support given.

The registered manager told us that people were encouraged to maintain relationships with family members. For example, staff encouraged people to phone their relatives on special occasions including birthdays and Christmas. It was evident that staff supported people to maintain links with family members and people that mattered to them.

Staff explained that questionnaires were given to residents along with activity forms to get an idea of what people liked to do. They said that the ideas people raised were put into the communication book for future consideration. Staff told us that they provided group and individual activities for people to participate in. We saw some people watching television and others participating in a game of bingo. Throughout the inspection we observed that staff spent time socialising with the people they cared for, and encouraged and facilitated people to socialise with each other. We also observed staff support people to move away from others, when they wanted to spend some time on their own or in different company.

Relatives told us that there had been a recent meeting in the service and that there were plans for future meetings to take place on a quarterly basis. The registered manager told us that at this meeting, people and their relatives were invited to discuss any areas of concern and share ideas for improving the service. A recent meeting had also taken place whereby family members were invited, as more of a social get together, rather than a formal meeting. We were told that families had enjoyed this occasion and had found it of value to them, so further meetings like this were going to be planned. The registered manager told us that people and their visitors knew they could approach them at any time if they wanted to discuss anything. All the people we spoke with confirmed this and said if they had any issues they would speak with the registered manager.

People told us that they had no complaints at all. They said they could speak with staff if they had any worries or concerns. Relatives and visitors also told us that they had not had to use to complaints procedure but were aware of how to complain and were confident that their complaint would be taken seriously. Staff told us that they always documented any concerns raised with them from people who used the service or visitors. We saw that there was information displayed about how complaints would be dealt with. The registered manager showed us documentation that supported the complaints

Good

Is the service responsive?

investigation process and confirmed that any issues raised were used to help the staff improve the service. We saw that the registered manager took concerns seriously and documented anything that was raised with staff so that it was apparent how an investigation had been conducted.

There was an effective complaints procedure in place and we saw clear records of complaints, investigations and their outcomes were held on file. It was evident that people knew how to make complaints and could be assured they would be acted on appropriately.

Requires Improvement

Is the service well-led?

Our findings

People told us they knew who the registered manager was and felt comfortable talking to them. One person told us that that the registered manager took action when they raised issues and was fair and transparent. Another person said, "I know who the manager is, she speaks with us all." We saw that they addressed all people by their preferred name, as detailed within their records, which demonstrated they knew the people using the service. Staff told us that the registered manager was approachable and very supportive; they said they felt happy to speak with her both openly and in confidence. One member of staff said, "I would always talk to her, I would have no worries." We found that the registered manager was supported by a deputy manager and the two worked in conjunction with each other in the running of the home.

All the staff we spoke with told us that they felt supported and understood their individual roles and responsibilities. They said that the registered manager had an 'Open Door Policy' and they could talk to her at any time. We spoke to one member of staff who had recently completed their induction. They told us that the registered manager had supported them throughout and had made them feel welcome and comfortable. We saw that staff received one to one supervisions and also attended staff meetings to discuss matters that affected the running of the home, being able to contribute ideas and ways to improve and develop the service.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the home were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

We spoke with the registered manager who told of the plans for further improvements for the service. She told us, "I know we are not perfect but I feel that we can continue improving, to make the service the best it can be." We discussed that the registered manager tried to lead by example and spent some time working alongside staff, so that she could support them and understand what people's needs were. She told us, "I want people to learn what good care is, to get it right from the beginning and give care with respect and dignity; to look after people right. We all deserve to have good quality care and that is what I want my staff to give people." We observed the staff working with these values in the way they provided care and spoke with people.

In addition to day to day contact with people who lived at the home the manager held regular meetings for people and for staff. People said they valued the chance to speak with the registered manager and staff told us meetings were an opportunity to share information and ideas. It was evident that there were open and transparent methods of communication within the home.

The staff we spoke with were very clear about the process to follow if they had any concerns about the care being provided; they knew about the provider whistleblowing policy. They told us that they would have no hesitation to use it if the need arose. A member of staff said, "If I had a problem I would feel able to speak to either the manager about it. If it was about the manager then I would go to another agency. I would not be afraid to speak with someone if I had any concerns."

The registered manager told us that incidents were recorded and monitored appropriately and that action was taken to reduce the risk of further incidents. It was clear that although care staff were aware of accidents and incidents that occurred that the registered manager did not always investigate incidents to prevent reoccurrence and that authorities were not always notified. The information CQC held showed that we had not always received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

From our conversations with staff and the registered manager, it was evident that the staff team was cohesive and understood the challenges they faced in driving future improvement. They confirmed that they wanted to work together for the benefit of the people who lived at the service but knew they might meet obstacles along the way. The registered manager told us that they knew that the paperwork and audit checks could be better than they were and that they intended to work upon improving these. Where additional support was required, the registered manager said they would meet with other local home managers or contact the provider.

The registered manager facilitated staff meetings, regular supervision sessions and informal opportunities for staff to

Requires Improvement

Is the service well-led?

discuss issues. We saw that staff meetings were recorded and that staff that were unable to attend had the opportunity to read the minutes so they were aware of what had taken place. These meetings and supervision sessions reiterated the expectations of the service upon staff and gave the registered manager the chance to set out the systems in place to monitor staff behaviour and take appropriate action about staff performance, should this be required.

The registered manager told us that a range of audits had been carried out on areas which included health and safety, care plans, catering and medication. However, the audits did not always identify concerns or areas for improvement and had not been undertaken on a regular basis. For example, on the day of our inspection we identified some medication omissions that were not picked up by the service's own audit system. Therefore, the incidents had not been investigated by the service to minimise any reoccurrence.

The registered manager told us that they thought the last health and safety audit had been completed recently. On closer inspection we found that it was undertaken in February 2013 and was now due for completion. We could find no evidence of a recent infection control audit, which may have identified the issues that we found during this inspection had it been completed. We discussed this with the registered manager and were told that they were aware that the audit checks were not as up to date as they could be, but that the care of the people who lived at the service was more of a priority to them.

Staff and the registered manager told us how they assessed and monitored the quality of the service provided within the home. We saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed very positive responses and meant that the service worked well, and listened to people's feedback.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **The registered person failed to make suitable arrangements to ensure that people are safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The registered person failed to operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity by not ensuring that information specified in Schedule 3 is available.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person failed to protect people against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining and recording of medicines used for the purposes of the regulated activity.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

This section is primarily information for the provider

Action we have told the provider to take

The registered person failed to ensure that people were protected against identifiable risks of acquiring such an infection by the maintenance of appropriate standards of cleanliness and hygiene in relation to the premises occupied for the purposes of carrying on the regulated activity.