

HC-One Limited

Highfield (Stockton)

Inspection report

Highfield Care Centre
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20 June 2017

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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 

Summary of findings

Overall summary

We inspected Highfield (Stockton) on 13 and 20 June 2017. The first day of the inspection was unannounced. This meant the provider and staff did not know we would be visiting. The service was last inspected in April 2015 and was rated good.

Highfield (Stockton) is a purpose built care home located on the outskirts of Yarm. At the time of our inspection the location was registered to provide accommodation to 40 people.

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

We found that staff training was not up to date. The provider's target for training was a minimum of 85% of staff training to be current. We found the average percentage of staff who had current training across all courses was 73.2%. Less than 50% of staff had current dementia training despite a high number of people who used the service living with some form of dementia.

The environment was not dementia friendly. There were not contrasting colours between walls and handrails and there was insufficient signage to help people navigate around the building independently. Following our inspection signage was put in place but further work was needed to improve the environment for people living with dementia.

Although staff were observed administering medication safely, records were not always correct. We have made a recommendation about medicines management and records.

There were systems in place to monitor and improve the quality of the service provided. People's views were sought via regular meetings and an annual survey. We saw there were a range of audits carried out both by the manager and senior staff within the organisation. However these checks were not effective as they had not picked up the issues we found during the inspection.

There were systems and processes in place to protect people from the risk of harm. Risks to people's safety had been assessed by staff and records of these assessments had been regularly reviewed. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe the organisation's whistle blowing and safeguarding procedures and told us they would be confident to report any concerns.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

People and staff told us there were enough staff on duty to meet people's needs. A dependency tool had been completed to calculate safe staffing levels and rotas we looked at indicated showed the service was

staffed in line with these figures.

We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw staff had received supervision on a regular basis and an annual appraisal.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. The dining experience was relaxed and unhurried with people being given a choice of food and drinks and the support they required to enjoy their meal in a dignified way. People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Observation of the staff showed they were attentive, respectful, patient and interacted well with people. In conversation staff demonstrated a good knowledge of the people they cared for. People and their relatives were happy with the care being delivered.

We saw people's care plans were person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated.

People were encouraged to participate in a variety of activities by enthusiastic activities staff. A number of people chose to remain in their rooms and the manager told us they had made efforts to address this. Staff supported people to access activities within the community such as trips to the seaside.

The registered provider had a system in place for responding to people's concerns and complaints. This was clearly displayed in communal areas. People said they would talk to the manager or staff if they were unhappy or had any concerns. We saw that complaints had been addressed in line with the provider's policy but outcomes were not being recorded.

Three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were administered safely but we saw that medicine records were not always correct.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not all up to date with mandatory training. Training figures fell short of the minimum 85% completion required by the provider.

The environment had not been adapted to make it dementia friendly.

Staff received regular supervision and annual appraisals.

People were supported to maintain nutrition and hydration by being offered a healthy balanced diet.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance systems were in place but audits had failed to pick up on issues we highlighted.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Highfield (Stockton)

Detailed findings

Background to this inspection

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

We inspected the service on 13 and 20 June 2017. The first day was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We also sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion gathers and represents the views of the public about health and social care services in England.

At the time of our inspection visit there were 38 people who used the service. We spoke with 10 people who used the service and 6 relatives. We spent time in the communal areas and observed the mealtime experience.

During the inspection we spoke with the manager, deputy manager, two senior care workers, four care workers, two activities co-ordinators, the chef and the housekeeper. We also spoke with a visiting social worker and community matron.

We reviewed a range of records. This included five people's care records, five staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person told us, "I feel safe and comfortable." Another person said, "Yes I feel safe... I'm quite happy here there's plenty of help."

Relatives also felt their family members were safe. One relative told us "My mam is safe. There is a keypad on the door." Another relative said, "They are strict about the access, they keep an eye on the door. There is always someone around, I feel very comfortable."

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines.

The service had a medication policy in place, which staff understood and followed. There was information available to staff on what each prescribed medication was for and potential side effect. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training.

Medicines were stored in a locked treatment room. This space contained two lockable medicines trolleys, a fridge for storing medicines that required refrigeration and lockable cupboards for the storage of stock that did not fit on the trolley. The room was clean and well organised. Temperatures of the room and the fridge were taken daily to ensure that medicines were stored in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

Controlled drugs were stored securely and recorded correctly. Controlled drugs are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management. We found that one person had a large supply of Oramorph suspension in stock but only required this medicine very occasionally. We highlighted this to the manager who confirmed the extra stock would be returned to the pharmacy and more care taken in future to avoid overstocking.

Staff were up to date with medicines training. To ensure the training was correctly put into practice staff were also observed by management to ensure they were competent to administer medicines. However, only 50% of these competency assessments were up to date.

We looked at people's medicine administration records (MAR). We found these were fully completed, contained required entries and were signed to confirm administration. Each MAR had a front sheet containing a photograph of the person, their date of birth and room number. Any allergies were also identified on this front sheet and highlighted in red. We found that one person had moved room but their MAR had not been updated to reflect this and the old room number was still recorded.

We saw where people were prescribed creams the service used topical creams body maps which told staff members where the cream was to be used and why. We saw protocols in place for 'as and when required' (PRN) medicines to describe to staff what the medicine was for and when it would be appropriate to

administer it. We found one protocol for a pain relieving gel did not include information on where this should be applied and there was no corresponding body map to advise staff where this was to be used. We highlighted this to the manager and immediate action was taken to rectify this issue.

Where appropriate, a chart had been put in place to record the time regular pain relief medicines were given to people. This was to ensure the correct amount of time between doses for safe administration. We saw that one person was regularly missing a lunch time dose of medicine as they woke up later on a morning and therefore received their morning medicine less than four hours before the lunchtime medicine round. Although staff were flexible with the time of this first medicine subsequent doses were not spaced across the day and instead the lunch time dose was missed. We highlighted this to the manager who told us they would address this going forward. Another person had doses written on this form four times a day however the medicine was only prescribed to be given three times a day. Some of the extra entries had been crossed out by staff but others remained. We checked the MAR and this showed only three doses were being administered. We highlighted the importance of accurate record keeping to the manager.

We recommend that the registered manager consults national guidance to ensure best practice is followed in respect of medicines management and record keeping.

There was a cracked and broken bath panel in one of the bathrooms that was in need of replacement, this was a potential risk in respect of both health and safety and infection control. Although the manager told us this bath was not in use the bathroom itself was used by people who lived at the service, staff and visitors.

We looked at five staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults. If an offence was highlighted on the DBS disclosure the provider risk assessed the situation before they made a decision on whether or not to proceed with the recruitment process.

The service had up to date safeguarding and whistle blowing policies in place. The provider had a dedicated whistle blowing hotline and offered staff using this service confidentiality and support.

Staff told us they had been trained to recognise and understand all types of abuse and records we saw confirmed this. Staff said they would have no hesitation in reporting safeguarding concerns and they understood the process to follow. One member of staff told us, "I would definitely report something if I had any concerns. I would get in touch with the manager if I had any problem in the way staff were handling people or speaking to them. There is a whistle blowing policy, the helpline number is on display so we all know who to ring."

Risks to people were assessed and plans were put in place to mitigate them. We saw individual risk assessments in areas such as choking, falls and the use of specialist equipment such as walking frames. These were reviewed monthly to ensure the information remained up to date. Recognised risk assessment tools such as Malnutrition Universal Screening Tool (MUST) were also being used where appropriate. MUST is a five-step screening tool, used to identify if people were malnourished or at risk of malnutrition. We saw maintenance records which confirmed that the necessary checks of the building and equipment were regularly carried out. Equipment such as hoists and wheelchairs had been regularly serviced and repaired when necessary. The service had up to date gas safety and electrical hardwiring certificates. Portable appliances testing (PAT) on relevant electrical items had also been completed on an annual basis.

We saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed fire drills and evacuation practices had been undertaken, we witnessed an evacuation scenario during our inspection. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm system and fire extinguishers.

We looked at the arrangements for managing accidents and incidents and preventing the risk of reoccurrence. We saw that individual accident and incident reports were passed to the manager who reviewed them and then entered them on to the provider's computerised monitoring system. A report was generated monthly and an analysis was done to look for patterns or trends, for example in location or time of day. Any concerns highlighted were discussed at the monthly governance meeting. We also saw that anyone who had fallen more than twice was referred to the falls team for an assessment.

We looked at the arrangements in place to ensure safe staffing levels. We looked at staff rotas and compared these to the staffing levels calculated using a dependency tool. People's dependency levels were reviewed on a monthly basis and these statistics were used to calculate safe staffing levels. We found the service was staffed according to the dependency tool and observed there were enough staff available to respond to people's needs throughout the day. Staff we spoke with felt there were enough staff on duty to keep people safe. One member of staff told us, "There are five staff on the floor which is good as you can be all over the place if buzzers are going." A relative said, "There's plenty of staff my [family member] never has to wait." A visiting community matron told us, "There are always staff available to act as chaperone. I've never had any cause for concern."

The manager told us that agency staff were never used. The service was fully staffed at the time of our inspection and we were told that staff will work extra shifts to cover for sickness or holidays. A member of staff told us, "Staff turnover is very low. I think it's nice for people to see the same faces. We cover shifts if we need to, we know each other and help each other out."

Is the service effective?

Our findings

We saw the training matrix which listed the training the provider required all permanent and bank staff to complete. We spoke to the manager about the way the statistics were recorded and following the inspection we also spoke to a member of the provider's learning and development team for further clarification. The matrix was broken down into training that was 'current', 'not current but assigned', 'late or expired' and 'initial assignment required'. The percentage of staff who fell into each category was recorded and this was colour coded for easy reference. The target for training was a minimum of 85% of staff to be within the 'current' bracket. We found the average percentage of staff who had current training across all courses was 73.2%. However, this varied across courses and we found that only 57.1% of staff had current 'safer people handling' training, 39.3% had current training on 'understanding and resolving behaviours that challenge', 43.5% had current training on 'person centred approach to dementia care' and 41.9% had current 'introduction to dementia' training. We found that only nine out of 28 required courses met or exceeded the target of 85% of staff with current training.

Whilst the provider's online training system meant that required e-learning courses were assigned to staff automatically, face to face training needed to be booked and assigned to staff by the manager. We saw that this was not always happening and 100% of staff who required basic life support training were awaiting initial assignment. This training was a required component of the Care Certificate undertaken by new staff. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We asked people and their relatives if they felt staff had relevant skills and knowledge. One person told us, "They are mostly well trained but their communication skills could improve." A relative told us, "Yes, the staff are well trained, they are wonderful with Mam and I have nothing but praise." Another relative said, "The staff seem to be confident with the hoist."

One member of staff told us, "Training here is good, there is definitely enough on offer. [Manager] is always reminding me to make sure my training is done and I can come in any time to do it." Another member of staff said, "They are spot on with training. You get paid to come in and do it or you can do it at home. It's good doing it online as you can go back over things you're not sure about. The training is very good with HC-One."

At the time of our inspection training was not meeting the standard set by the provider, this was confirmed in discussion with a representative of the learning and development team. Although the manager assured us that staff would be reminded to undertake the necessary training there was a significant shortfall in some key areas. Less than 50% of staff had up to date dementia training despite over 70% of people using the service having some form of dementia. This meant that the manager could not be certain that staff had the correct knowledge and skills to meet the needs of people using the service.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations

When we walked around the service we found it was in need of redecoration. The manager told us the provider was due to undertake a refurbishment of the premises. A relative we spoke with told us, "The place would benefit from a makeover, they've started with the new lights."

We noticed paint was chipped and peeling from woodwork in a number of areas, something which had also been mentioned following our previous inspection. Some people had new curtains and bedding in their rooms but they had not chosen the colour or style of these. The housekeeper told us that they were ordering striped soft furnishings for men rather than floral designs but people we spoke to had not been consulted about the decoration.

Externally there was a small garden area but during our visit this was mainly used as a smoking area and there were buckets by each table containing a number of cigarette stubs. Whilst provision was needed for smokers this did not appear to be restricted to one area of the outdoor space to ensure those people who did not smoke could also enjoy spending time outdoors.

People we spoke with praised the maintenance person employed by the service and stated that they kept on top of day to day repairs and jobs around the building. One relative told us, "I like the fact that the maintenance people are doing the jobs all the time." Another said, "The handyman is always buzzing about and always kept busy."

We saw that the physical environment throughout the home did not always reflect best practice in dementia care. There was no contrast in colours of the walls and handrails placed around the walls for people to use as support. The tables and crockery were not contrasting colours making it less easy for people with a dementia to eat independently and there were no pictorial menus available in the dining room. Signage around the building was very limited making it more difficult for a person with dementia to navigate around their home independently. We saw that people had memory boxes on the wall outside their bedrooms but a number of these were empty and some people did not have their name on their bedroom door or any way to identify which room was theirs. The Department of Health, Health Building Note 08-02 Dementia-friendly Health and Social Care Environments (March 2015) states; 'The use of colour and the layout of the buildings, can make an enormous improvement in people's quality of life, and can reduce the impact of their dementia and help them live more independent lives. The correct colours, textures and layout of the buildings can help to reduce confusion, isolation, and anxiety, and help people live well with their dementia.' This meant that the environment was not suitable for people living with dementia.

We fed this back to the manager on the first day of the inspection and when we returned for our second day we were told that some action had begun to address this. We saw that coloured tablecloths had been ordered to provide a contrast between the tables and plates at mealtimes and the manager was working with the chef to produce pictorial menus. The manager also told us that new signage had been ordered and following the inspection we were sent photographs showing some changes had been implemented however the environment was still in need of improvement.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 10(2)(b): Dignity and Respect.

Staff told us they received regular supervision and annual appraisals and we saw records to confirm these had taken place. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision records showed that topics discussed included training and development

and we saw evidence of positive feedback being given during these meetings. One member of staff told us, "I have supervision with the manager or the deputy. It gives you chance to talk about how you're getting on with things like training and they let you know how you're doing. It's nice to get positive feedback, I go home feeling good about myself." Another member of staff said, "I have regular supervision with [manager]. They tell us our strong points and what we need to work on."

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for people who lacked capacity where the service had assessed MCA was required. In one of the care records we looked at we saw a multidisciplinary team and family members had been involved in such decision making.

One member of staff told us, "You never assume people don't have capacity. I always ask what people want, like for breakfast say. You get to know how to recognise what they want by their behaviour even if they can't tell you. You can see by body language or gestures." Another said, "I help people to make decisions and I try to encourage them to make decisions that are in their best interests, for example choosing clothes that are appropriate for the weather."

At the time of the inspection, 20 people who used the service had DoLS authorisations in place. The manager had a file containing information relating to DoLS authorisations and 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms. This was checked by the manager on a weekly basis to ensure this documentation was current and when it was due for renewal appropriate action was promptly taken.

Staff we spoke with had a good understanding of DoLS authorisations. The service was working with the local authority team to ensure applications were processed, however we were told there were some delays due to backlog within some areas. We saw evidence to show the manager had chased up outstanding authorisations.

We observed the lunchtime dining experience. There was a relaxed and pleasant atmosphere with music playing in the background and people chatting with each other and with staff. The tables were set nicely with linen tablecloths and napkins and condiments and floral decorations were also placed on every table. The food looked appetising and people were offered a choice of soft drinks or wine with their meal.

Staff were patient with people and allowed them time to make decisions about their meals and where to eat them. One person initially refused lunch when staff approached them but staff patiently returned to this person to suggest a number of alternative food options and gently encouraged them to try to eat something. They were successfully tempted to eat a pudding whilst sitting in the lounge area. We saw they ate all of this and told staff they had enjoyed it.

People were happy with the food available. One person told us the food was good and the chef catered for their diabetic diet. Another person said, "We get decent meals at the moment. I'm fussy about food, I like sweet things." A relative told us, "Sometimes I have my lunch here, I won't complain, it's good."

A variety of hot and cold drinks and snacks was available throughout the day and people were encouraged by staff to drink plenty of fluids as it had been particularly hot weather.

We spoke with the chef who was able to describe the dietary requirements of people using the service, including those in for short term respite. They kept information relating to allergies and special diets on a white board in the kitchen so it could be easily referred to during food preparation. They told us the manager had provided information on how to fortify food for those people who needed more calories in their diet and they had recently undertaken training on the presentation of pureed foods. They were also able to describe how they catered for people with diabetes.

There was a four week menu in place which offered a variety of nutritionally balanced meal options. This was produced by the provider but the chef and manager explained that this was adapted to suit the preferences of the people living at the service. They explained how the activities co-ordinators were involved in speaking to people about the food they would prefer and the menu then changed in line with this feedback.

People's weight was monitored and appropriate referrals made to dietician or speech and language therapy (SALT) team where there was cause for concern.

A visiting community matron told us, "Staff have a really good knowledge of the people living here. Anything I say gets followed up and they will call me if necessary, if there are any concerns."

We saw records to confirm people had access to a range of health professionals such as the dentist, optician, chiropodist, dietician and their doctor. This showed that the provider was supporting people to maintain good health.

Is the service caring?

Our findings

People we spoke with during the inspection told us they were happy with the support they received and the staff were caring. One person said, "The staff are very helpful, if you want anything they will do it." Another person told us, "Staff are friendly, I'm comfortable, we get everything we need."

Relatives we spoke with were all happy with the care their family members received. One relative told us, "The staff give my [family member] a cuddle if they need it, there is a comfort factor." Another relative said, "When my [family member] fell they went to A&E. It was all dealt with very carefully, one of the girls (staff) stayed until midnight and came back with them." A third relative said, "The staff care, it's a really caring situation. There's never the feeling it's a problem to them, they say 'that's what we're here for'. It was different in some of the care homes we visited but not here."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a patient, kind and caring way.

One member of staff told us, "The best thing about this place is the care the residents get. All the staff are so lovely. We get to see the people here more than our own family sometimes. If ever anyone is upset staff give them the support and reassurance they need."

We saw staff treated people with respect. People were not rushed and staff spoke to people in a gentle tone. The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes.

Staff we spoke with told us they enjoyed supporting people. One member of staff told us, "There is something magical about this place. We are like a little family and the residents feel that. We have niggles but that's life. The atmosphere is what keeps this little home ticking along. There are chips in the paintwork here and there but that isn't what matters."

Staff told us how they worked in a way protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. Relatives we spoke with confirmed they witnessed staff putting this into practice. One relative told us, "They always close the door. [family member] has more privacy here than at home." Another relative said, "Staff always maintain my [family member's] dignity by closing the bedroom door. They are respectful and friendly." This showed the staff team was committed to delivering a service with compassion and respect for people.

We saw people were able to move around the building freely and could choose where to sit and how spend their recreational time. Some people chose to remain in their nightclothes until later in the day and they were free to do this if they wished. The service had a number of communal areas although the majority of people chose to spend time in the large open plan lounge dining area. People were able to go to their rooms at any time during the day to spend time on their own if they wished to.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. Staff told us how they encouraged independence on a daily basis. One member of staff told us, "I will always encourage people to

do what they can for themselves." Another staff member said, "We are here to promote independence not take it away from them. I obviously wouldn't let anyone struggle but I do encourage them to do things for themselves, it's really important." We observed staff encouraging people to eat independently and to move independently around the service, with the appropriate aids if necessary.

We saw the service had received a number of compliments and one letter from a relative was handed to the registered manager whilst we were in their office. The letter stated, "I can't praise the management and staff more highly than 100% for their care and dedication. The care staff are wonderful, another 100%, very professional. They have time for all residents and all levels of health." The service had received 22 reviews on the independent website 'Care Home UK' over the previous 12 months. All of these were very positive and resulted in an overall rating of 9.9 out of 10.

At the time of the inspection one person was using an advocate. An advocate is someone who supports a person so that their views are heard and their rights are upheld. This had been arranged by their social worker however the manager told us that the service had links to a local advocacy agency and information on this was available to people.

Is the service responsive?

Our findings

People told us about the activities on offer at the service. One person said, "Overall it's very good. One or two people complain. I'd like to see a bit more going on during the day, a whist drive of some kind." Another person said, "There is plenty here to do if you want to. We all get bored sometimes." Another person told us, "We manage, there are not a lot of activities, we need more games during the day and even outside on a nice day. We do play dominoes."

There were two part-time activities co-ordinators employed at the service and between them they covered every day but Friday. The manager explained that on Friday care staff arranged party afternoons with wine, nibbles and a 'matinee' film.

We observed one of the activities co-ordinators interacting with staff and saw that they had an excellent rapport and natural empathy with people. They were enthusiastic and energetic. They explained how they and their colleague would gather information from individuals and their families to document their hobbies and interests.

The service had a minibus that was used to take people on outings and when we were inspecting some people were taken on a trip to the seaside.

Relatives also gave us feedback on the activities available. One relative told us, "[Family member] likes the music, the girl that does the armchair exercises is a lovely lass, my wife likes her. I join in, we all play the musical instruments." This relative went on to say, "They try very hard to include all here in the activities, which is difficult with such a mixed community."

A visiting social worker we spoke with also commented on the range of needs amongst people using the service. They told us, "It's very mixed here between dementia and general residential. There are a lot of people here with dementia and the staff do their best to accommodate everyone."

We noticed that a number of people chose to spend time in their bedrooms. We were told by the manager that this was their choice and that staff would go in to chat to them to ensure they were not isolated. One person we spoke to told us, "I sit here all the time, I don't want to see them fight and argue (other people using the service). I can't stand it, I'd rather be in here. They shout a lot in the lounge, I'm peaceful in here."

We discussed with the manager the difficulties of ensuring a good range of activities were available to suit the needs of all the people using the service. The manager explained that one of the smaller lounges had been made available for alternative activities and offered as a quiet space for individuals but people still chose to use the larger communal area.

We highlighted that some people were able to organise their own activities such as playing board games or cards if the resources were made more easily accessible. Following our inspection we were informed that some activity equipment was now left out for people to access as and when they wished.

During our visit we reviewed the care records of five people. We saw people's needs had been individually assessed and detailed plans of care drawn up. People told us they had been involved in making decisions about care. One person said, "My family come and get involved in my care, staff will sit and talk to me."

Care plans were reviewed and updated on a regular basis. We saw a schedule of care plan evaluations and also a programme of 'resident of the day'. This focussed on the complete care needs of a different individual each day and ensured records were accurate and complete. Care plans were person centred and contained detailed information on people's preferences, likes and dislikes. Person centred planning means putting the person at the centre to plan their own lives.

During the inspection we spoke with staff who were knowledgeable about the care people received and felt the care plans provided them with all necessary information. One member of staff told us, "You can always refer to the care plans, that is instilled into you as a carer, but I also like to think I give the care and love that I would want when I get to that age."

A visiting social worker told us, "The care plans are up to date and useful. I've not had any complaints from people or families."

The service had an up to date complaints policy and procedure and this was on display in communal areas. The procedure gave people timescales for action and who to contact. We looked at the complaints that had been received and saw that they had been appropriately addressed in line with the provider's policy but the outcome of the complaints was not being recorded. We fed this back to the manager who told us this would be included in the records going forward.

People we spoke with told us they knew how to complain should they wish to. One person told us, "So far I've no complaints. If I'm not happy I'd speak to the manager."

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. A twice daily walk-around of the service was undertaken by the manager or a senior staff member. This looked at the environment and care being delivered and any findings were noted on the walk-around form along with actions to be taken and when these were completed. The manager was able to show us numerous checks which were carried out on a monthly and quarterly basis to ensure the service was run in the best interest of people. These included checks on health and safety, medicines, infection control and care files. However, we found that the issues we found had not been picked up by these audits.

Medicines audits had not highlighted the errors in records and stock levels. On the second day of our inspection we saw that an action plan had been produced to address the areas of concern and remedial work carried out to correct records where necessary.

Management had failed to ensure staff training was up to date and meeting the minimum requirements of the provider. On the second day of our inspection we were told that all staff who were below 85% had been written to informing them of the need to address this.

Regular walk-arounds by the manager had failed to identify the environment was not dementia friendly. This included some areas that needed to be addressed during the upcoming refurbishment but some areas could be addressed more easily, for example pictorial menus and signage. Although the manager had begun to take steps to address this was only after we had highlighted the need.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (regulated activities) 2014.

People who used the service and their relatives spoke highly of the manager. One relative told us, "The manager is very approachable. I give them nine plus out of 10. The good thing about this home is the personal contact." Another said, "The management went the extra mile to sort out any misgivings I had about the future of [family member's] care." One relative had written to the provider to praise the service. The letter stated, "A very knowledgeable manager, they know what all the staff are assigned to, firm but fair and approachable. They run a good home. A good boss."

The staff we spoke with said they felt the manager was supportive and approachable. One member of staff told us, "[Manager's name] is down to earth and easy going, as long as things are getting done. I can go to them and ask any questions, they're lovely." Another staff member said, "They (manager) are easy to talk to so you never feel daft asking anything. They're very approachable." Another told us, "I couldn't make my mind up whether to come to work here or not but what did it for me was the manager. [Manager's name] and [Deputy Manager's name] are the best two managers I have ever worked for."

Staff meetings took place regularly. We saw minutes of recent meetings and a schedule of upcoming

meetings was on display in the manager's office. Topics of discussion included handovers, documentation and training. One member of staff told us, "We have meetings monthly. It gives us chance to raise concerns and they are acted on. [Manager's name] starts to sort things out straight away. It's not usually anything big but things do get addressed." On top of these monthly meeting staff held daily 'flash meetings' to discuss any issues affecting housekeeping, catering, maintenance, administration, activities, and care. This was also an opportunity also address any colleague issues between staff meetings.

Resident and relative meetings were also held on a monthly basis with dates scheduled in until December 2017 and on display in the manager's office. We saw minutes from recent meetings and topics of discussion included the new summer menu, planning more trips out on the minibus. The manager told us that in response to previous suggestions raised during meetings a tuck shop went round the service weekly and we saw evidence of this during our inspection.

The manager held a surgery on the first Tuesday of every month when people could meet with them to discuss any issues. They told us that outside of this they operated an open door policy and we witnessed people popping in and out of the office over the course of our inspection. Relatives told us they were happy with the level of communication they had with the service. One relative told us, "The care here is spot on. I went [on holiday] when [family member] was in last and the staff kept in touch, the communication is good." We observed the manager had a good relationship with people using the service and engaged in a positive and friendly manner.

We saw a survey had recently been carried out to seek the views of people and their relatives. Responses had been received but the results had not yet been collated. This analysis was being done by the provider's head office staff and results fed back to the manager. The manager told us that a survey was not conducted in the previous year as they had been absent from work for a period of time. During this time feedback had been sought via resident and relatives meetings.

One relative told us, "The manager has an open door approach and a surgery once a week, I pop my head in every day. The deputy is very good and the handyman, they have all responded very positively if I suggest something. I feel anything I raise they will act on. I've not had to raise much."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The premises had not been suitably adapted to meet the needs of people living with a dementia and support their autonomy and independence.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not effective in identifying areas in need of improvement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not up to date with all the training required of them as defined by the provider.