Southlands Court Care Homes Limited

Orchard House Residential Care Home

Inspection report

Orchard House
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Bexhill On Sea
East Sussex
TN40 2EE

Tel: 01424211898

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13 January 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 Orchard House Residential Care Home on 12 and 13 January 2017. This was an unannounced inspection. Orchard House Residential Care Home provides accommodation and support for up to 32 people. Accommodation is provided from the original main building and two purpose built wing extensions to the sides of the service. The service provided care and support to people at risks of falls and long term healthcare needs such as diabetes. On the day of our inspection there were 30 people living at the service.

We last inspected Orchard House Residential Care on 15 May 2014 where we found it to be compliant with all areas inspected.

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

Despite people and their relatives positive comments regarding safety we found some areas requiring improvement. We found specialist pressure relieving equipment for two people, who had been assessed as at risk of skin pressure damage, set incorrectly. Not all risk related to the activation of the fire alarm had been considered. Although most areas related to people's medicines were managed safely, the administration related to people's prescribed creams required improvement. We identified minor improvements were required for some staff files in regard to seeking previous employment references. The provider took corrective action to either immediately rectify or establish systems to ensure the above concerns were addressed during the inspection.

The provider took steps during our inspection to address our and care staff concerns regarding shortfalls in staffing numbers during specific times on some days.

The layout of parts of the service did always not positively impact on people. For example access was limited for one person to suitable to showering facilities. The location of the smoking area location had not been considered.

Although staff told us they felt they were well supported by senior staff we found the provider had not established consistent processes to gain feedback and offer development discussions to staff via regular supervision or staff surveys.

There were shortfalls in records related to people's care documentation. This had been associated with the introduction of a new electronic care planning system which had not been robustly trialled prior to its introduction. During our inspection the provider committed to cancel their contract and return to the original care planning system.

We found, and senior staff told us, the effectiveness of their administration time was hindered by the proximity of the office to busy parts of the home which resulted in them being routinely interrupted.

Staff were knowledgeable in safeguarding and action they should take if they suspected abuse was taking place. It was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and care plans developed. Care plans contained risk assessments for a range of daily living needs. For example, nutrition, falls, and diabetes. People received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health was carefully monitored and the provider regularly liaised with a range of healthcare professionals for advice and guidance.

People were provided with opportunities to take part in activities 'in-house' and to access the local and wider community. People were supported to take an active role in decision making regarding their own daily routines and the general flow of their home.

The provider had a complaints policy; this was displayed in a communal area. People and their relatives told us they knew how to complain.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA).

Staff had an understanding of the vision and philosophy of the home and they spoke positively about their work and the management. The registered manager undertook regular quality assurance reviews to monitor the standard of the service.

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 consistently safe.

Some people's equipment was not properly set to ensure their safety.

Not all appropriate recruitment information had been collected for some staff.

Medicines were ordered, administered and disposed of in line with current regulations; however people's topical creams were not always manged consistently.

The provider took steps during our inspection to ensure there were sufficient numbers of staff to ensure people received a safe level of care.

Staff knew what actions they should take to protect people from abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The layout of the home was not always effective.

Staff had not been provided with regular opportunities to give or be provided with feedback from senior staff.

Staff ensured they are for people's consent and freedoms were not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access and were
supported to health care professional appointments for regular check-ups as needed.

Is the service caring?

Good

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

The staff knew the care and support needs of people and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities. These were organised in line with peoples' preferences.

People's family and friends were encouraged to play an important role and people spent time with them.

People and their relatives were asked for their views about the service via meetings.

There were systems in place to respond to comments and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Shortfalls in people's care documentation records were a result of the failed introduction of a new electronic system.

Senior staff had not been provided with the facilities to routinely complete administration tasks.

Staff felt supported by management, said they were supported and listened to and understood what was expected of them.

The provider had established some quality assurance systems which measured and monitored care and service delivery.

Orchard House Residential Care Home

Detailed findings

Background to this inspection

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

We inspected the service on the 12 and 13 January 2017. This was an unannounced inspection. Two inspectors undertook the inspection.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at eight care plans and risk assessments along with other relevant care documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk to us.

During the inspection we spoke with 12 people and three visitors to seek their views and experiences of the services provided at the home. We also spoke with the provider, registered manager and their deputy, six care staff, the cook and two members of ancillary staff.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and saw the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People living at Orchard House Residential Care Home told us they enjoyed living at the service and were supported to remain safe. One person told us, "Oh yes, I have always felt safe here, lovely place to be." Despite positive comments we found some areas which required improvement in regard to people's safety.

Two people had been assessed as at risk of possible pressure damage. They used specialist airflow mattresses but did not have this equipment set correctly. These mattresses are designed to reduce risk of pressure damage. It is important this equipment is set correctly and in line with a person's weight and manufacturer's instructions. This shortfall placed these people at greater risk of pressure damage. Although senior staff told us these settings were checked regularly the provider had not established systems to record when and who was undertaking this task. Staff took immediate corrective action when this was highlighted by an inspector. During our inspection the registered manager demonstrated a process they had set up to ensure staff checked this equipment on a daily basis.

Care staff told us there were occasions in the afternoon between 2pm and 8pm on certain weekdays when they considered there were insufficient numbers of staff on duty. We reviewed staffing rotas and found there were some weekdays when staffing levels were set at three care staff 'on the floor'. On other days this was four. Staff told us during the time when three care staff were working it was more difficult to meet people's support needs in a timely manner as three people required two staff to support them to move, this left one member of staff on the floor to support all other people. Although the registered manager was able to offer operational reasons for this drop in staffing numbers at these times; they also acknowledged they had recently identified this as an area which required attention to the provider. During our inspection the provider authorised the registered manager to increase staffing levels to four staff during this afternoon period with immediate effect. During our inspection there were four care staff on duty and from our observation and staff comments this was a sufficient number to support people safely and meet their needs suitable timeframe.

The provider's risk assessment had failed to consider all risks associated with the fire alarm being activated at night. The current arrangement was that when the fire alarm activated all exit doors unlocked, however during the night there were two members of staff on duty. The fire procedures did not take in account that one person, who lacked capacity, regularly attempted to leave the service and if the front door was unlocked they may leave the service without a staff member's knowledge. We spoke to the provider regarding this concern and they committed to liaise with the contractor with responsibility for the alarm system to investigate how the fire procedures and fire risk assessment could be updated to mitigate these risks. This is an area that requires improvement.

People said they received their medicines on time. One person told us, "I always get my pills at the right time; they (the staff) are very good, on the ball." We identified some minor issues with the management of people's topical creams and recording of 'as required' (PRN) medicines. PRN are medicines which may only be required occasionally such as for the relief of pain. Although the provider had clear PRN protocols in place to support staff with the management of these medicines; staff were not routinely monitoring and

recording the effectiveness of people's PRN medicines. For example it is good practice to monitor pain relief medicines so the prescriber can be assured people do not require a higher or lower dose. It is also good practice for topical creams to be dated when they are first opened so the expiration date is able to be monitored. The registered manager was responsive to our feedback and committed to make adjustments to staff practice in these areas.

All other aspects related to medicines were well managed. We observed medicines being administered. Care staff gave the medicines and checked and double checked at each step of the administration process. Staff also checked with each person that they wanted to receive their medicines. We looked at a sample of medication administration records (MAR) and found them competently completed. Medicines were ordered correctly and in a timely manner that ensured they were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately.

Although the majority of staff recruitment records demonstrated staff were recruited in line with safe practice; we found two staff files which only had one reference from previous employers. It is good practice for providers to obtain two references to assure themselves prospective employees are suitable. However, all other staff files contained employment histories, suitable references and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through when they joined. One said, "It was clear from the outset what was required from me as a carer and the importance of being open and asking for help if I needed it."

Staff were able to confidently describe different types of abuse and the action they would take if they suspected abuse had taken place. There were up-to-date policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training. We saw safeguarding referrals were made appropriately and external agencies notified in a timely fashion. One staff member told us, "We know our number one priority is to keep residents safe."

Despite our concerns regarding the fire risk assessment we found all other risks associated with the safety of the environment were identified and managed safely. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, legionella, staff safety and welfare. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boilers were routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of senior staff told us, "Our maintenance man is fantastic; they are so reliable and efficient." Another staff member said, "Things don't get left; if something is broken we report it and will get quickly fixed or replaced."

The service had clear contingency plans in place in the event of an emergency evacuation. People had individual personal emergency evacuation plans (PEEP) which staff were familiar with. The service had an 'emergency grab bag' available which contained information such as copies of people's PEEP for the emergency services, key contact numbers and copies of people's medicine requirements. Care staff were trained in first aid and resuscitation techniques.

People's support plans contained risk assessments for a range of support needs such as falls, nutrition, skin pressure areas. Risk assessments included clear measures to protect people, such as identifying the number of staff required to support people to move safely around the service. Staff demonstrated they were clear on the level of support people required for specific tasks. One staff member told us, "It's important to know what each resident is capable of and adapt tasks so as they are safe but can be as involved as much as they

choose to be."

Following an accident or incident completed forms were passed to senior staff for review. The registered manager told us, "I get to see and have an overview of all accidents." We reviewed records and saw actions had been taken as a result and a clear follow up process was evident. For example, following a fall we saw an accident form identified the various options which had been considered to mitigate further risk; such as the installation of a pressure senor mat. Accident and incidents forms were audited on a monthly basis by the registered manager, they said, "Although I see all (accident) forms, the audit allows me to see if any patterns are happening." Care staff were clear on the reporting process and that documentation was required to be completed in a timely manner.

Requires Improvement

Is the service effective?

Our findings

One relative told us, "I am always so impressed with the quality of staff, very switched on." Despite positive comments from people and their relatives we found the service was not consistently providing effective care.

The design and layout of several areas of the service impacted on people. For example the only shower available to people was on the first floor of the original part of the building. This was not accessible to all people with mobility issues due to the layout of the service in this area. The registered manager told us they had raised this issue with the provider and identified a large bathroom which could be converted into a shower/wet room. One person who previously showered could no longer access the shower due to their decline in mobility and wheelchair use. As they were now unable to access the shower, they had declined baths. A member of staff said, "They are reluctant to use a bath or receive support with personal care; I think they would be more likely to use a shower."

The smoking area which staff and one person used was located directly outside the conservatory. People used the conservatory at all times during our inspection. Staff accessed the smoking area via the conservatory. Each time the sliding door opened cold air and the smell of cigarette smoke drifted into the conservatory. One person said, "You keep getting a cold draft whenever the door is opened this time of year." We raised these issues regarding design of the building with the provider and registered manager who committed to find alternative solutions to these issues.

People commented there was a stable staff team at the home. One person said, "Most of these (referring to care staff) have been here years." Staff told us they enjoyed working at the service and felt they could approach senior staff to seek guidance or support. All staff said the registered manager and deputy were 'highly visible' and routinely worked on the floor. However the provider had not ensured there were consistent formal processes to gain feedback from staff such as supervision, staff surveys or staff meetings. For example there was no planned or advanced booking of supervision; this resulted in some staff not having had any supervision in 2016, whilst others had two. A senior member of staff explained this by saying, "That staff member probably had supervision because they were on duty when there was time to fit it in." We identified areas which would be suitable for senior staff to discuss with some staff in supervision such as their uniform standards and appearance. The most recent staff meeting had been in June 2016; one staff member said, "I went to that one and it was good but we don't have them (staff meetings) very often." The registered manager acknowledged this was an area that required improvement.

Staff told us the training they received was helpful to them in their roles. One staff member said, "The in-house fire training was the best I have ever done." However the administration surrounding the booking and tracking of staff onto training courses was not well organised. This resulted in it being difficult for the deputy manager to identify which staff had completed what training, and when it would require refreshing. There was no definitive list of mandatory training and as a result some staff had completed dementia training whilst others had not. This meant the provider could not be assured all staff had the skills and knowledge to support people. The deputy manager said, "This is something I need to get on top of, I just haven't had the

time and space." However staff we observed and spoke to were knowledgeable about their role and demonstrated good practice whilst supporting people.

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

Staff understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow these in their daily care routines. Mental capacity assessments had been completed on people living at the home and were reviewed. Where people had been deemed to lack capacity for a specific decision of daily living there was limited documented evidence with assessments of best interest discussions. However, the registered manager was able to demonstrate that these were in the process of being developed and had a clear understanding of the areas they would progress. Care staff were aware any decisions made for people who lacked capacity had to be in their best interests. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard staff say, "Are you ready to take your medication?" and "Can I help you to the bathroom." The CQC is required by law to monitor the operation of DoLS. Although no one living at the service was living under a DoLS authorisation we saw the registered manager had undertaken the correct process to submit applications to the appropriate managing authorities.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw their GP and other health care professionals such as chiropodist and optician. Relatives felt staff were effective in responding to people's changing needs. One visiting relative said, "The staff are good, they are very quick to pick up if there is a change in health or a problem." One staff member told us, "We check for signs, changes in mobility and eating habits which may indicate their health is deteriorating." On the day of our inspection staff carefully, yet discreetly, monitored a person whose food intake had recently reduced. Where concerns had been identified regarding people's food intake, with their consent, the staff weighed people regularly and used this information to inform any referrals to dieticians speech and language therapists (SALT).

People were complimentary about the food and meal times. Everyone we spoke with told us, they had enough to eat and drink. Positive feedback included, "Very good food, always plenty". Menus and food choices were advertised in a communal area and staff spent time on a one to one basis to establish preferences. Dining tables were set up neatly with table cloths and condiments. Most people ate communally in the home's dining room, however people could choose where they wished to eat and this decision was respected by staff. People were given time to enjoy their food, with staff ensuring they were happy with their meals. Food was served in an efficient manner, once all people had been served staff withdrew. The registered manager said, "From feedback and observation we have found residents eat well when staff are not buzzing around between them." A staff member said, "We stay within people's eye line in case they need anything but we try to create calm, relaxing space." When people were not eating their main meal choice, an alternative was offered. People were encouraged to drink plenty of fluids. This was in addition to servings of tea and coffee throughout the day. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. One staff member said, "We offer drinks regularly and always make sure they can reach them."

Good

Is the service caring?

Our findings

People were treated with kindness and consideration in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care and staff here really are very good, always kind and caring.

People's preferences and differences were respected. We looked at all areas of the home, including people's bedrooms. People's rooms held items of furniture and possessions which people had before moving into the home and they had personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos, it's all very comfy. If I wanted to be downstairs in the lounge more I know I could." Other people who enjoyed communal areas sat in friendship groups and chatted and appeared relaxed and pleased to spend time together.

Staff's good knowledge and understanding of people's needs provided opportunities for them to have personalised friendly exchanges with people. One person said, "I enjoy a laugh and a joke, keeps me young." We heard laughter and good natured exchanges between staff and people throughout our inspection. Staff strove to provide care in a happy and friendly environment. One person said, "I felt at home from the moment I arrived, I like seeing the cat lounging about." We heard staff patiently explaining options to people and taking time to answer questions. The staff approach was thoughtful and caring. We saw a staff member discreetly intervene when a person had pulled at their clothing leaving them partially exposed. This was done with care and respect to protect this person's dignity. Staff spent additional time with a person who was new to the service and was displaying anxiety. A staff member sat with them and chatting quietly whilst giving them a nail manicure. Another staff member was heard praising and motivating a person as they were being supported to move via mechanical lifting equipment.

People looked comfortable and were supported to maintain their personal and physical appearance. For example people were seen talking about the jewellery they were wearing. Men had been supported to dress in line with their prescribed preferences in their care documentation. People told us staff were caring and respected their privacy and dignity. People were consulted with and encouraged to make decisions about their care. One person told us, "They always involve me in everything they do". Another said, "I do what I like, I'm not dictated to. I choose when I get up and when I go to bed." One staff member said, "All our residents are different. I respect their choices, you can't treat everybody the same." Staff supported people and encouraged them, where they were able, to be as independent as possible.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "There are no short cuts; our staff get to know people well because we spend time with them." People and or their relatives confirmed that they had been involved with developing care plans.

The provider had established systems to ensure care records both paper and electronic were stored

securely. There were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality. Visitors were welcomed during our inspection. All relatives told us they could visit at any time and were always made to feel welcome when they visited the service.

Good

Is the service responsive?

Our findings

People told us they felt involved in their care. One person said, "I know why I am here and the parts of my life I need help with, the staff know me and support when I need it." Although people's care plans clearly identified support needs and reflected preferences, the registered manager acknowledged due to the implementation of a new electronic care planning systems documentation updates had been delayed. They said, "We have had a new electronic system installed and it's not working well for us." As a result staff were required to update two separate systems which had impacted on timely care reviews. A member of staff told us, "I find the care plans helpful but things are a bit confusing at the moment with two ways of doing it." However despite the shortfalls in recording due to the administration difficulties we found staff knew people well and were responsive in meeting their needs.

Care plans contained a detailed pre-admission assessment of people's individual needs and clearly identified how these should be met. Other sections included guidance for staff for areas such as mobility, nutrition, personal hygiene, continence and communication. People's likes and dislikes identified where people were able to makes choices and retain control in aspects of their daily routines such as clothing and meals. Staff had a good understanding of people's support needs and said they were given time to ensure daily care documentation was up-to-date. Daily care records provided clear informative descriptors of people's mood, behaviours and how they had spent their time. Staff told us these were useful to review if they had been off duty for a few days. We saw within one person's daily care notes it stated; they 'had a bad night's sleep, chose to stay in bed later than usual.' We observed a 'staff handover' between shifts. A range of information was discussed related to people's activities, moods, behaviours and food eaten. All staff contributed and were free to ask questions and share ideas and discuss work routines for the upcoming shift.

People were provided with opportunities to take part in various 'in-house' and activities and to access the local and wider community. One person told us they enjoyed the motivation sessions provided by an external company. We saw consideration was given to people's music and television preferences. People were asked what they wanted to watch or listen to and came to a decision based on popular choice. The home employed two activities co-ordinators who spent time with people in their rooms and organising communal activities and booking external sessions. On the day of our inspection a core group of five people took part in various board games. Other people were relaxing in the lounge undertaking various past times such as reading a newspaper. A volunteer came to visit two people each weekday morning and sat and completed a crossword with them. People commented positively on the home's garden and how accessible it was. One person said, "A lovely space to look out onto, very well looked after." People returned to their rooms at a time that was decided by them. One person said, "I get bit sleepy in the afternoon and like to have a rest." Three people we spoke with enjoyed staying in their room, either reading or watching their television. Seasonal 'special events' were planned and people told us they enjoyed attending them, such as a summer party.

A senior member of staff told us they encouraged people to be involved with their families and friends. They said, "Keeping strong links can be really important and can lift people's spirits." A relative told us, "I visit all

the time, and that is so important for me." One person said, "I look forward to my friend coming to see me. It always brightens my day." Visitors were welcomed throughout our inspection. One person's relative said, "The service in all areas is top notch, the laundry service is fantastic."

The provider held residents meeting two or three times a year. Meeting minutes identified these were well attended and provided a forum for requests and key messages to be communicated. The most recent meeting in August 2016 identified the idea of a 'garden shop' to be set up which would sell snacks. This request had been actioned and a wooden/shed shop had been erected in the garden. People told us this had been a success and was popular with people in 'warmer months.' The registered manager acknowledged the systems they used to collect feedback from people their relatives and other stakeholders such as health care professionals had not been robustly utilised. Feedback we saw was all positive, however the distribution of the forms had not been well organised and feedback had not been collated in a way which collected themes or trends. The provider committed to delegating this task to be completed by a central administrator to remove this additional task from the registered manager's responsibilities.

The PIR stated, 'Any complaints are dealt with as quickly as possible.' We saw a complaints policy was available to people within a communal area for people. In the previous 12 months there had been one complaint which was seen to have been responded to appropriately and in a timely manner in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

Both people and staff spoke highly of the leadership within the service. One person said, "The manager is excellent, very approachable, always around and lovely with it." The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. A relative said, "The manager is very professional, runs the home well." Despite these positive comments we found aspects related to the leadership of the service required improvement.

The shortfalls identified in record keeping associated with care documentation was a result of the provider having introduced an electronic care planning system without adequate testing or training. This had resulted in staff being required to maintain accurate care records in two systems. The impact of this is was that multiple records required updating, such as people's risk assessments and care plans. Although the impact of this had not, as yet, impacted on people's care. The registered manager acknowledged they were not pleased with the necessity to run dual systems due to the difficulties with the new electronic computer system. They said, "It has slowed us all down and I don't feel on top of the paperwork." The provider also acknowledged that the systems had not met their expectations at this service and would be cancelling the contract and returning to the original care planning system.

The deputy manager told us their protected 'administration time' was not usually effective due to the size and location of the office. The home's office was small and located in a busy thoroughfare next to the kitchen. This meant staff and people regularly walked in to either say 'hello' or ask a question. The home's phone was also located in the office and was regularly ringing. The deputy manager told us as result they would begin a piece of work and be interrupted; the impact of this was administration which had been delegated to them had not been fully completed. For example, the staff training booking and tracking. During our inspection the provider and senior staff discussed the possibility of turning an empty room into a quieter administration area. The deputy manager said, "I just need to have time and space to be able to concentrate to get things up to date."

The provider had established a quality assurance system. We found examples where this had worked effectively at identifying areas that required attention. However the provider acknowledged their systems had failed to highlighted some of the areas we found required improved; such as the shortfalls with airflow mattress settings and staff recruitment administration. Other audits were completed for areas such as people's weights, accident/incidents including falls and health and safety. The registered manager told us the audits allowed them to, "Track how things went from month to month." An audit from September 2016 identified there had been a higher than usually amount of falls but the registered manager had been unable to identify a pattern in time or location from the data collected. There were robust systems and checks in place related to the maintenance of the building and fire safety. The registered manager indicated this was associated with people's increasing needs. As a result an additional staff member was allocated to morning shifts.

All staff were positive and spoke highly of the registered manager and their leadership. One told us, "I can approach them about anything and they would make time for me." Staff demonstrated a clear

understanding of their roles and the lines of accountability. One told us, "I would normally speak to the senior first if I had a concern but I know I could always go to the manager." When the registered manager was not at the service, staff were aware of the 'on call' system for when a senior member of staff was required 'out of hours.' One staff member said, "You can always get to speak to a member of senior staff if you need one."

The registered manager told us they felt supported by the provider. They said, "They are here most weeks and take an interest in all areas of the service." Staff were clear on the vision and philosophy that underpinned the service. One staff member told us their saw their role as, "Supporting people to be safe and happy in a homely environment." People commented throughout the inspection that there was a 'homely feel' to the service.

The registered manager was open and candid regarding the shortfalls we identified. From the outset of the inspection they provided a summary of the key areas that required attention which demonstrated they were aware of areas the service required improvements. We found the provider and senior staff were responsive to our comments and feedback and actioned multiple areas during the inspection.