

Fordent Properties Limited

Orchard Manor Care Home

Inspection report

Greenacres Court
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Chester
Cheshire
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Tel: 01244376568

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26 April 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 25 and 26 April 2016 and the visit was unannounced on the first day.

Orchard Manor is a care home for older people, set in large grounds off Acres Lane, near Chester. It is on a bus route from Chester City Centre. There are 93 bedrooms in total divided into five units: Two of the units provide general nursing and personal care and three of the units provide nursing and personal care for older people with memory impairment. All the rooms are single and most have access to en-suite facilities. There are also several shared lounge spaces and dining rooms.

At the time of this inspection visit there were 85 people living at Orchard Manor Care Home. They were supported by a team of 125 staff which consisted of nursing, care and support staff.

There was a registered manager employed to work at the service and they had been registered for 18 months. 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.

During our inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We had concerns regarding the cleanliness of some of the equipment and the premises; We found that some areas of the home and pieces of equipment were not clean. For example handrails on corridors were chipped and damaged and walls had dried drinks splashed up them. Toilets and commode seats were dirty on the underside and fridges were unclean and food was not labelled. This meant that people could be at risk of infection or living in an unclean environment.

We saw that medication administration was not safe. Systems were not in place to ensure people received their PRN (when required) medication at appropriate intervals and times, allergy information was not included in the medication record sheets, and temperature checks on medication stock rooms and fridges were not always completed and appropriate guidance was not always followed. This meant that people could not always be confident that medication was accurately administered and processes followed.

We found that care plans contained information about the support people required, however this was not always up to date or accurately followed by staff. Information regarding pressure area care was not accurate, up to date or reviewed. This meant that people were at risk of further deterioration of pressure areas due to a lack of information and monitoring controls.

Although the registered provider did have a quality assurance system in place this had not identified any of

the concerns we raised which meant that shortfalls in the service provision were not identified or addressed.

People told us that they felt safe at the service and that the staff understood their care needs. People commented "The staff are lovely", "The staff are caring and always help me" and "The staff are very good."

People said they enjoyed the meals. Comments included "The food is good", "The food is very good" and "The food is good quality and I get a choice of meals."

The registered provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. Policies and procedures relating to the safeguarding of adults from abuse were available to the staff team. Staff had received training in safeguarding adults and during discussions said they would report any suspected allegations of abuse to the person in charge or the local authority safeguarding team if appropriate.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibility in relation to DoLS and when this needed to be applied.

Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone's health needs. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and caring towards people who lived at the service.

There were good recruitment practices in place and pre-employment checks were completed prior to a new member of staff working at the service. This meant that people could be confident that they were protected from staff that were known to be unsuitable to work with vulnerable people.

Staff had completed a range of training and had regular supervision sessions and the opportunity to discuss their work and training needs. Activities coordinators were employed at the service and a range of activities were undertaken throughout the week.

People told us they would approach the management if they had any concerns about the service. We reviewed the complaints policy and the documentation used during the complaints process. People had access to the complaints policy and this helped ensure that people had the opportunity and were encouraged to raise concerns or voice their concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Equipment and the premises were not always clean.

Staff did not manage people's medicines safely. People were not protected from the risk of pressure sores by unsafe practice.

Safeguarding procedures were in place and staff had received up to date training in safeguarding adults.

Recruitment practice was robust and people were supported by staff who were suitable to work with vulnerable adults

Requires Improvement ●

Is the service effective?

The service was effective.

People told us they enjoyed the food provided. The mealtime experience was pleasant and unhurried. People were given appropriate support to eat their meals.

There were arrangements in place for staff to receive relevant training and staff received regular supervision.

The registered manager and staff had a good knowledge of the MCA and DoLS. Policies and procedures were in place and accessible to staff.

Good ●

Is the service caring?

The service was caring.

People were well cared for and commented on the caring and kindness of the staff. Staff were patient and gave encouragement when they supported people.

Staff engaged with people in a positive and friendly manner. People told us that their privacy was respected by staff at all times.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plan records were not always accurate or consistently followed by staff members which meant that people may not always receive the appropriate care and support.

A range of activities were available to people and activities coordinators were employed at the service.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate.

There was a complaints procedure in place and this was made available to people. People knew how to make a complaint if they were unhappy.

Is the service well-led?

The service was not consistently well led.

The quality assurance systems in place to monitor the service provided and audits were not effective. This meant that shortfalls in the service provision were not identified or addressed.

The home had a registered manager in place who was described as approachable.

People were regularly asked for their views of the service through the use of questionnaires and meetings.

Requires Improvement ●

Orchard Manor 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 25 and 26 April 2016. The inspection visit was unannounced and the inspection team consisted of two adult social care inspectors and a specialist advisor. The specialist advisor was a Registered Nurse who also had experience as a healthcare quality auditor.

We spent time at the service looking at records. This included eight people's care and support records, six staff recruitment files, policies and procedures and other records relating to the management of the service.

On the days of our inspection we spoke with eight people who used the service, five relatives and friends, one visiting professional, the registered manager and eleven staff members which included a mix of nurses, care staff and ancillary staff.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We also reviewed notifications we had received. A notification is information about important events which the service is required to tell us about by law.

The registered provider completed a Provider Information Return (PIR) as requested. This is a form that asks the registered provider to give key information about the service, for example, what the service does well and any improvements they intend to make.

We contacted the local authority safeguarding and contracts teams for their views on the service. Concerns were raised about this service with regard to recruitment of staff, the environment for people living with dementia and safeguarding people from harm.

Is the service safe?

Our findings

People told us that staff supported them with their medication. All medication was administered by nursing staff. We observed a medicine round and saw people were treated with kindness and respect and they were not rushed in taking their medication. The nurse carefully checked the medication against the Medication Administration Record (MAR) sheets and administered this in a safe manner. One person dropped their medicine tablet on the floor and the nurse dealt with this in an appropriate and safe manner.

On examination of the MAR sheets we observed that people who had 'PRN' (when required) paracetamol did not have separate 'PRN' administration plans. It was not always clear when people had been given their pain relief medication or how much they had received. For example one person could be given paracetamol under 'Homely Remedies' but no information, plan or dosage schedule was noted. Another person had been prescribed paracetamol three times a day but no times were recorded on the MAR sheet and another record showed no consistent or clear record of the amounts administered or times given. This was not safe practice and could increase the risk of an overdose.

Policies relating to medications were clear and comprehensive. The registered manager confirmed these policies had been recently updated. It was noted that no approval date or review date was included to show they had been reviewed. All of the MAR folders contained laminated older copies of the medication policy and these should be updated to the new policy to ensure staff did not refer to the wrong policies.

There were three treatment rooms throughout the home and we saw they were clean and tidy. A daily room temperature chart was in use in each room. We noted that one chart contained a large number of missed signatures and temperature records were not accurately completed during the period of December 2015 to April 2016. One record showed the room temperature was recorded as 26 degrees Celsius (the guidance on the sheet stated that the maximum should be 25 Celsius) however this was not re-checked on the following day. This meant that there was an inconsistency in recording and appropriate actions were not taken to remedy this. Medication fridges were checked and were clean and tidy and eye drops within the fridge had been dated when opened. A daily record of fridge temperatures was in use, this had been completed on most occasions and signed. However, the fridge temperatures were recorded within the notes section of the 'Daily Room Temperature' sheet. No guidance was available to show what the minimum and maximum fridge temperatures should be. Fridge Temperatures should be recorded on a separate sheet with clear guidance for staff. We spoke to the registered manager who agreed to remedy this.

There was one 'pill crusher' in use for each treatment room. These were not named and we were informed these were washed in between uses. This was not good practice as this could pose a risk of cross contamination or harm others if any residue of tablet left. We informed the nurse on duty who said they would discuss it with the registered manager.

We spoke with three nurses about the medication administration and processes. They knew where the medication policy was location and what to do if a medication was administered in error. They confirmed they would feel confident in reporting any errors or concerns to the registered manager and the G.P. An up

to date British National Formulary (BNF) book was available in the treatment room for quick reference. The BNF book is a pharmaceutical reference book that contains a wide range of information and advice on prescribing and other information relating to medication.

The medication trollies were orderly and appropriately secured to the wall. Medications were administered via packets/boxes. Each person had a separate box of named medications. It was noted that the open medication bottles in the trolley were all signed and dated. Controlled Drugs were managed appropriately.

We found that the registered person failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A range of risk assessments were in place within the care plan documentation. These included moving and handling, continence, prevention of falls, nutrition, skin integrity, using a wheelchair and risk of choking. Records showed these had been reviewed on a regular basis. However, we found that information contained in risk assessments regarding pressure area care was poor. We looked at the risk assessments of four people which identified they required the use of an air flow mattress to help relieve pressure. However, we found no records to indicate what pressure the mattress should be set at or if they were reviewed or checked regularly. We looked at four mattresses and found that none of them were at the correct setting. We spoke to staff who were unable to tell us the correct level and informed us that the handyman checked the mattresses. The registered manager confirmed that no records were kept regarding the type of mattress required, correct pressure levels for each individual person and no regular checks were undertaken to ensure these were maintained appropriately. This meant that people were at risk of their condition being made worse by the lack of appropriate measures or monitoring in place.

We found that the registered person failed to ensure that care and treatment was provided in a safe way. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

By the second day of inspection the registered manager and area manager had completed an audit of pressure mattresses throughout the service and noted people's weights, type of mattress and appropriate setting for each person. We found that the pressure mattresses had been reviewed and set to the correct levels required for people. The registered manager confirmed that checks would be recorded on a regular basis in future.

We looked at infection control and found that areas throughout the building and equipment were not consistently clean. We found there was a smell of urine in some bedrooms and corridors. We observed that toilet and commode seats were dirty on the underside; fridges were unclean and food was not labelled and in some cases not covered. Handrails were damaged and chipped on some corridors and breezeblock walls had dried drinks splashed up them. We found that two bedrooms we visited had linoleum that was "wrinkled and bubbled", and wires from room sensors were trailing across the floor between the person and the door. Both of these could be a potential trip hazard.

We found one upstairs bedroom window had a safety catch broken, and as a matter of urgent concern this was reported to the registered manager. The handyman was asked to replace it and the following day we saw this had been completed. Overall we considered that the premises cleanliness and general maintenance required improvements to be made.

We found that the registered person failed to ensure that the premises and equipment used were clean. This

was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home and that staff were kind and lovely. They said "The care staff are lovely" and "I feel safe and the staff help me with what I need support with." People told us there was enough staff around when they needed them and we saw good levels of staff available to help people during the inspection. We looked at staff rotas and allocation sheets which showed the disbursement of staff across each unit. The registered manager confirmed that a staffing dependency tool developed by the Regulation and Quality Improvement Authority 2009 called 'Staffing Guidance for Nursing Homes' was used at the home. This had been adapted and was utilised on a weekly basis to determine staffing levels needed for each unit. A staff member said that the registered manager "Didn't skimp on agency staff" and they could go to the registered manager if they needed any extra support. A nurse told us "They could always use more staff" however, they were able to "borrow staff" from other wings at busy times if it was safe to do so.

Staff told us how people were protected from harm or abuse. They said they were aware of the safeguarding policies and procedures and would report any concerns they might have. Staff had undertaken training on safeguarding people from abuse and were aware of the whistle blowing policy. Information regarding these policies was included in the staff handbook. The registered manager took appropriate and effective actions to report safeguarding issues.

Environmental assessments were in place to ensure people were safe within the home. These included a fire risk assessment and a fire safety policy. Personal emergency evacuation plans were in place for each person which included details of how to support a person in the event of a fire. Staff had received training on fire safety awareness.

One member of staff told us about their recent interview experience. They said they had attended an interview with the registered manager and "They did lots of checks on me". The registered provider had robust policies and procedures for the recruitment of staff. We looked at six staff recruitment files. Each file included the completion of an application form, two references obtained, one of which was from the applicant's previous employers, and a Disclosure and Barring Service identity check prior to starting work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people. The registered manager explained that where a check had any concerns this would be discussed with the registered provider's human resource department and a decision would be made on whether or not to make an offer of employment. We saw that improvements had been made in the recruitment and selection of staff following concerns raised by the local authority commissioners.

Is the service effective?

Our findings

People told us that the meals were good and there was a good choice of meals available. Comments included "The food is good, some days are better than others", "I like the meals", "The food is very good, it must be as I eat it all" and "The food is good quality, I get a choice and if I don't like something they will get me something else".

A three-weekly menu was in place which consisted of mainly traditional meals. A snack meal was offered at lunchtime which consisted of a choice of soup, sandwiches, a hot snack and dessert. The evening meal included a choice of main courses and dessert. Drinks and snacks were also available in between meals. We saw a range of drinks and biscuits being served mid-morning and mid-afternoon. A weekly menu card was seen on each table which showed the main courses for each day with a photograph of the meal. Staff told us that it made it easier for some people to see the picture rather than just read the menu. The chefs had devised a "finger food" menu which consisted of items, such as sandwiches, boiled eggs quartered, soup served in a mug, sausages and mini quiches that could be eaten whilst walking around. This helped ensure that people who walked around during most of their waking day were able to have sufficient nutrition.

People and visitors told us the doctor would be called if needed. They said "I am helped with medical appointments when I need to see someone" and "They will arrange for a GP to come and visit." Records showed that people were either visited at the home or arrangements were made to take them to appointments. These included GPs, district nurses, psychiatric reviews, mobility assessments, physiotherapists, continence advisors, chiropodist, dentist and opticians. This meant that people had access to a wide range of professionals when they needed them. We spoke with a visiting professional who said they had been visiting the service for a number of years. They commented that "The service is great and the registered manager is very good. The staff are skilled at recognising pain needs for people and are friendly and approachable."

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

We checked whether the service was working within the principles of the MCA 2005 and DoLS, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager had good knowledge and understanding of the principles of the Act and how to determine people's capacity. Copies of the code of practice were available at the service. DoLS authorisation had been submitted to the local authority for people where restrictions were in place. For example the choice of where to live, use of lap straps on wheelchairs and locked doors. Best interest records were in place but we identified that improvements were required to evidence the audit trail of the decision making process. Staff

told us they had received training on an introduction to Mental Capacity which included an overview of the deprivation of liberty safeguards. However through discussions with some of the staff team their understanding was not clear and further training may be of benefit. The registered manager said they would look into further training for the staff team.

Staff told us they received regular supervision and they were well supported by the management team. Supervisions provided staff with the opportunity to discuss their responsibilities and to develop in their role. Staff were also invited to attend regular staff meetings. We saw the minutes of meetings which were held regularly. This meant that staff had the opportunity to discuss their work and the service with the management team. This meant that staff were able to discuss the future plans for the service and help to inform this process. Discussions showed that staff had a good understanding and knowledge about the people in their care and the support required to meet their needs.

A comprehensive induction and training programme was in place. Many staff had worked at the home for a number of years and said they had undertaken an induction process which had included shadowing an experienced staff member for a week. Staff completed a basic induction on their first day which was followed with training the registered provider considered was mandatory. Staff said they received a copy of the employee handbook and records confirmed this. This contained information about the organisation, disciplinary and grievance procedures and a range of key policies and procedures. One staff member told us it was their first day at the home. They said the staff had been very supportive and that they were shadowing an experienced staff member whilst they got to know people and their routines. Copies of induction progress sheets were seen on staff files. The registered manager explained that the Care Certificate was being "trialled" in another of the registered provider's homes currently and they expected it to be used in the future. This meant that staff had received induction training appropriate to their role.

A training matrix was available which showed a range of courses staff had attended. These included moving and handling, safeguarding, fire awareness, first aid, infection control, dementia awareness and end of life care. Certificates were seen on staff files and annual refresher training was attended by the staff team. Staff told us that the yearly updates were useful and that training was good. The service had an in-house trainer who completed all induction and training needs.

We looked at the environment for people who were living with dementia. Since the previous inspection where a recommendation was made we noted improvements had been made and that work was in progress with on-going development. There had been an introduction of memory boxes outside people's bedrooms and garden themes on corridor walls. These included areas and items for people to engage with such as flowers, sheds and aprons. Adaptations had been made to the lounge and dining area which was now an open, airy and light homely environment. Work had been completed to reflect different seasons and occasions throughout the year. Staff had thought about people's hobbies and interests with the use of meaningful pictures such as Blackpool and fairgrounds as points of interest in corridors. We spoke with the management team about the use of signage which included both pictures and words to support way finding for people living with dementia. We discussed best practice guidelines to ensure that signage is placed at the correct height for ease of viewing. The management team agreed that they would review this throughout the home.

Is the service caring?

Our findings

People and visitors told us that staff were caring, kind and patient. Comments included "The staff are lovely", "The staff here are dedicated and committed", "We are very happy with the support [name] receives" and "The staff are good."

People told us that their dignity and privacy was respected by the staff team. They said "The staff are always kind and caring, and take their time. I'm never rushed", "They are like having your friends come and look after you. They are kind and caring and very patient" and "The staff understand that my dignity is important to me and they are very respectful in their approach." People were encouraged to be as independent as possible. We observed that staff were kind and courteous to people and they knocked on bedroom and bathroom doors before entering. We noted that reminders were incorporated into care plans with regards to dignity and privacy, for example one stated to "Ensure doors are closed when providing support to [name]". Another person told us that "It's not home, but it's not a bad place to be. I like a little tippie of whisky or beer and my newspaper and they get these for me."

People said that their relatives and friends could visit at any time and that staff were welcoming. They said "My daughter visits regularly and can come whenever she wants to", "My son can visit anytime of the day he chooses" and "We can visit anytime of the day and we don't announce our visit. [Name] always looks well and is kept comfortable and that's all we can ask for really." We saw that staff were welcoming and friendly towards visitors and offered them refreshments on arrival.

Two people spoke about the recent admissions of their relatives to the home. One said that staff were kind and it's amazing here. They said that the care staff are lovely and that they are very respectful in their approach. Another person said their relative seemed very happy and that staff had made their room lovely with some of the person's own items. They said staff were always warm and welcoming and that they understood the person's complex needs.

Some people preferred to stay in their own rooms and they told us that staff visited them on a regular basis throughout the day to make sure they were okay and to offer food and drinks. They said "Staff always come to visit me and we have a cuddle or they pop in for a chat" and "They always come to see me." This meant that staff were aware of people who preferred to remain in their own rooms and that they visited regularly to help avoid social isolation.

A "Welcome Booklet" was available to people who lived at the home, their relatives and friends. This included the statement of purpose and residents guide. Information regarding the registered provider, registered manager and staff team was included. Details of how to make a complaint and other useful information about the services provided by the home and what a person could expect to receive from the service were included. The service produced a bi-monthly newsletter which included information about any events or changes within the home. This meant that people and their families were kept up to date with information about the service.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. They said "I have a buzzer which keeps me safe and the staff help me with what I need support with", "I have a pendant alarm to summon staff if I need help" and "I have a buzzer which keeps me safe as when I need someone they come and see me if I press it. We noted that emergency call bells were answered in a timely manner during the inspection. Relatives told us that where required they were involved in people's reviews and had assisted in speaking to staff about the individual person's needs when they moved into the home.

The care plans were completed on a computer system. We looked at the care records of eight people and found concerns with regard to information not being up to date and accurate. Records identified that one person was able to move around with the assistance of two carers. However, this was not the case, the person required the use of a hoist for moving and handling and a wheelchair for mobility. Through further investigation we found that the current and previous care needs were recorded in the same care plan. Information contained in the personal emergency evacuation plan stated the person could mobilise with the assistance of two carers. This information was inaccurate. Another person's general health care plan showed they had a heart condition that required their blood pressure to be monitored each month. However, records showed that this was undertaken bi-monthly and therefore staff were not following this person's plan. This meant that the homes or agency staff did not always have access to up to date information and people were at risk of receiving care that was not suited to meet their needs.

Supplementary charts were in place for people who required their food and fluid intake to be monitored. However, we found that although monitoring was taking place, the total amount of food and fluid intake across a 24 hour period was not totalled by staff. This meant that checks did not always ensure that people had sufficient food and fluids and where this was insufficient what action had been taken. We spoke with the registered manager who said they expected the nurse on duty to monitor this and this would be addressed immediately.

We found that the registered person failed to ensure that accurate records were kept in respect of each service user. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also spoke to the registered manager regarding the care plans and they realised that staff were not 'archiving' older information which could be viewed if needed, but just adding onto the information. The registered manager stated that the computer company was due to return to do some additional training and that this would be added to the list for staff.

However, we found some areas of good practice within the care plan documentation which included the use of repositioning charts for people being cared for in bed which were completed on a regular basis and were up to date. Personal hygiene charts were used to monitor personal care given on a daily basis and these had been completed and were up to date.

A daily record of information was kept regarding each person. This included information about support they had received, checks undertaken, personal care needs and any visitors received.

People, relatives and friends told us they didn't have any concerns or complaints about the service. They said they felt confident they could discuss any problems with the staff or management team and that concerns would be taken seriously. They said "I can't complain", "No concerns at present" and "We have never had to complain, but we know we can speak to any of the staff or the manager if we have concerns." The registered provider had a complaints policy a copy of which was seen on the wall in the hallway and included in the welcome booklet. The policy stated how to raise a concern and who to contact. Contact details of the local ombudsman were included if a person was not happy with the outcome of the complaint made. The registered manager had a complaints folder which included a tracker kept for each month. Complaints investigation forms were available and previous details of complaints made were seen and showed good documentation and outcome letters where appropriate. This meant that the registered manager had a good system in place to monitor complaints or concerns raised.

We saw a range of cards, letters and emails which showed people's appreciation of the care and support they and their relatives had received. Comments included "Thanks for the outstanding care you gave my mother", "Staff are kind and caring and treated [name] with great patience and understanding", "Thanks so much for all the love and care" and "Staff are kind, caring and professional".

People told us there were activities available that they could join in. Comments included "There is always something to get involved with", "I like puzzles to keep active and I read books", "I can socialise here as I would have done in my own home" and "I like to go out to Asda but I can't unless a staff member goes with me." We saw a lady who loves music, dancing with a staff member who had lovely approach with them. They were singing and laughing together and the staff member was talking about going to a disco together. An activities board placed in the hallway showed activities planned for the week ahead. These included bingo, reminiscence sessions, table top games, quizzes, tuck shop and visits from the hairdresser. Other activities included external entertainers visiting twice a month and a pianist visited regularly to play for people. The activities co-ordinator said this was enjoyed by people. Other events such as Easter, Christmas and birthdays were celebrated. Events were currently being planned to mark the Queen's 90th birthday celebrations in June. We spoke with the activities coordinator who said that she was supported by two other activities co-ordinators. This meant that on most days an activities co-ordinator was available within the home. On the days of inspection activities included potting up plants for the garden, tubs and hanging baskets; visiting the units with the tuck shop; visit from the hairdresser and one to one sessions in people's own rooms. The activities co-ordinator explained how important this was to help ensure people were not socially isolated. During the discussion we found her to be knowledgeable about the people who lived in the home and their preferred interests and hobbies and passionate about engaging and motivating people.

Is the service well-led?

Our findings

The registered manager had worked for the registered provider since May 2014 and has been the registered manager since August 2014. People said they knew who the registered manager was and that she was available, approachable and nice. Comments included "I know who the manager is" and "I would speak to the manager if I had any concerns." Staff said the registered manager was supportive and approachable. Comments included "I see the manager when I need to", "The manager listens to what I say" and "She is approachable." One staff member said "that she and the care staff had a 'close connection' with the manager and that they felt listened to and supported."

We found concerns that the registered provider's quality assurance audits had not identified issues that we raised during our inspection. These included concerns relating to medication management, risk assessments and care planning documentation and equipment and premises. This meant that the quality assurance processes and audits were not robust and did not ensure that people who lived in the home were protected from unsafe care and treatment.

A range of audits were undertaken and these included audits on pressure area care; care records; maintenance; infection control and accidents and incidents. An external health, safety and welfare audit tool was also used. A detailed medication audit had been completed by the registered manager during January 2016. A number of actions were recorded for each problem area identified. However, it was difficult to track and establish if the actions identified had been completed and by whom. The registered manager stated that no more medication audits had been completed since this date. The medication audit in January 2016 had noted that treatment room temperatures were not being fully and consistently completed and a medication audit action plan from November 2015 undertaken by the pharmacy inspection unit stated that 'PRN' care plans/documents were required. This had not been completed. The audit stated that covert medication should be clearly identified on the MAR sheets, again we found that this had not been completed. Therefore information within the audits was not consistent or completed and improvements had not been made.

We found that the registered person failed to ensure that systems and processes to assess, monitor and improve the service were not operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and friends told us they were regularly asked about the service provided. They told us they were sent questionnaires and invited to "resident and relative" meetings. These meetings are held every three months and the last one was held in March 2016. Dates for meetings were included in the bi-monthly newsletter and advertised on the noticeboards around the home. Items discussed at the last meeting included forthcoming dates for the diary, gardening and the greenhouse, Easter raffle, menus and other activities. The registered manager showed people the "Bronze" award that had been presented by Investors in People. Investors in People provide a best practice people management standard, offering accreditations to organisations to adhere to their framework. She said they were very proud to be awarded this.

Questionnaires had been recently sent to relatives, although responses had not yet been received. Previous comments included "Décor is much better now", "Cleanliness is satisfactory considering the number of people visiting" and "Impression of the home is very good, and impressed with the care and attention given." The registered manager explained that questionnaires were sent out every three months, however, they had not had a good response this time. The registered manager said they would be reviewing this process. Previous questionnaires had been evaluated and feedback given to people via the "resident and relatives" meetings and copies put on noticeboards around the home. Questionnaires were also sent out to the staff team. This was last completed in February 2016. Comments included "I am satisfied with my training", "I feel confident in my role", "its hard work here, but I like my job" and "The staff team work well together."

The registered provider had a wide range of policies and procedures relating to the service. These included key policies on moving and handling, medication, safeguarding, privacy, dignity and confidentiality. Staff told us that they had access to the policies which were kept in the office.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with premises and equipment being used by the service provider must be clean.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with care and treatment being provided in a safe way. Also people who use services and others were not protected against the risks associated with the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks associated with ensuring that systems and processes to assess, monitor and improve the service were not operated effectively and maintain accurate records in respect of each service user.