

Popular Care Ltd

# Peterlee Care Home

## Inspection report

Westcott Road  
Peterlee  
County Durham  
SR8 5JE

Tel: 01915180447

Date of inspection visit:  
20 July 2016  
21 July 2016

Date of publication:  
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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?

**Good** 

# Summary of findings

## Overall summary

This inspection took place on 20 and 21 July 2016 and was unannounced.

Peterlee Care Home is a detached, two storey building in its own grounds. The home has 44 single bedrooms with en-suite facilities. The home also provides separate lounges and dining rooms both upstairs and downstairs and communal bath and shower rooms. There was also an enclosed rear garden with a patio area.

At the last inspection on 15 and 17 April 2015, we asked the registered provider to take action to make improvements to ensure their care documentation was accurate and up to date, and this action had been completed. We also asked them to improve their auditing of the home and found there were regular audit processes in place to monitor the quality of the service.

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.

Checks had been carried out on staff before they were able to start work in the home. This meant the registered provider ensured only suitable staff worked with people who used the service.

The home had in place a number of safety checks which were carried out on a regular basis these included fire checks, health and safety checks and portable appliance testing (PAT) to keep people safe in the home.

We found people's care plans described their individual needs and gave staff guidance on how to care for people. The care plans were regularly reviewed to check if there had been any changes to people's needs. The registered manager had in place a dependency tool which they used to measure people's needs to determine the staffing levels. We found the registered manager had a staff rota in place to reflect the pre-determined staffing levels.

We observed people were given their medicines with patience. Medicine records were up to date. People's medicines were stored safely. We found systems were not in place to manage people's topical medicines and could not be assured people received their topical medicines as prescribed.

The service adhered to the principles of the Mental Health Act and had made appropriate applications to the authority to deprive people of their liberty. This meant people could be kept safe.

We saw there were arrangements in place to inform kitchen staff about people's dietary requirements. Kitchen staff were aware of people's dietary needs. People were offered a choice of menu. The service had work in progress to give people a choice of menu using pictures.

Staff were provided with support through supervision, appraisal and training. Staff confirmed to us they felt supported.

People who used the service and their relatives told us staff were caring. We noted staff spoke with people in kindly tones and we found people were treated with respect by the staff.

Relatives were involved in people's care planning. We found staff had listened to people who used the service and their relatives and had responded to their wishes.

People had in place hospital passports. Hospital passports are documents which give information about people to medical staff if they need to go to hospital. We found the passports accurately recorded people's needs.

We found there was a lack of stimulating activities in the home which met people's individual needs and preferences.

Surveys had been carried out by the manager to measure people's views of the service. We found the surveys which had been returned to the service showed professionals were positive about the service.

The registered provider had not met the requirement to display their latest CQC rating on their website.

The service worked with community based professionals to meet people's needs. These included opticians, dentists, chiropodists, community based nurses and occupational therapists.

During our inspection we found a number of 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.

## 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.

We could not be assured that people received their prescribed topical medicines to meet their needs.

Arrangements were in place to ensure checks were regularly carried out on the building to keep people safe.

Checks were carried out on staff before they started working in the home to ensure they were safe to work with vulnerable people.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Systems were in place to ensure staff communicated people's needs to each other and diaries were in place to ensure people attended their appointments.

Staff were provided with support through induction, training, supervision and appraisal.

The home had arrangements in place to ensure kitchen staff were aware of people's dietary needs. Kitchen staff were able to tell us about people's food preferences and tell us how these were managed in the kitchen.

**Good** 

### Is the service caring?

The service was caring.

Information was available to people who used the service and their relatives on a range of issues which may affect them including safeguarding and advocacy.

People who used the service and their relatives reported to us that staff were caring.

We saw staff knocked on people's doors before entering their room and closed the bedroom doors behind them when they

**Good** 

were supporting people with their personal care.

### **Is the service responsive?**

The service was not always responsive.

Activities for people to promote their individuality and avoid social isolation were not always in place.

Complaints in the home had been responded to and taken seriously. Actions had been put in place to prevent a re-occurrence.

Care plans for people gave staff guidance on how to meet their care needs and were regularly reviewed.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The registered provider's website did not display the rating for the home.

The registered provider and the registered manager had in place a number of audits which monitored the quality of the service. Actions were put in place to improve the service and the actions were monitored to ensure they were completed.

We found the service had in place a network of community professionals with whom they worked to meet people's needs. Feedback from the professionals about the service was positive.

**Good** ●

# Peterlee Care Home

## Detailed findings

### Background to this inspection

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Checks had been carried out on staff before they were able to start work in the home. This meant the registered provider ensured only suitable staff worked with people who used the service.

The home had in place a number of safety checks which were carried out on a regular basis these included fire checks, health and safety checks and portable appliance testing (PAT) to keep people safe in the home.

We found people's care plans described their individual needs and gave staff guidance on how to care for people. The care plans were regularly reviewed to check if there had been any changes to people's needs. The registered manager had in place a dependency tool which they used to measure people's needs to determine the staffing levels. We found the registered manager had a staff rota in place to reflect the pre-determined staffing levels.

We observed people were given their medicines with patience. Medicine records were up to date. People's

medicines were stored safely. We found systems were not in place to manage people's topical medicines and could not be assured people received their topical medicines as prescribed.

The service adhered to the principles of the Mental Health Act and had made appropriate applications to the authority to deprive people of their liberty. This meant people could be kept safe.

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Staff were provided with support through supervision, appraisal and training. Staff confirmed to us they felt supported.

People who used the service and their relatives told us staff were caring. We noted staff spoke with people in kindly tones and we found people were treated with respect by the staff.

Relatives were involved in people's care planning. We found staff had listened to people who used the service and their relatives and had responded to their wishes.

People had in place hospital passports. Hospital passports are documents which give information about people to medical staff if they need to go to hospital. We found the passports accurately recorded people's needs.

We found there was a lack of stimulating activities in the home which met people's individual needs and preferences.

Surveys had been carried out by the manager to measure people's views of the service. We found the surveys which had been returned to the service showed professionals were positive about the service.

The registered provider had not met the requirement to display their latest CQC rating on their website.

The service worked with community based professionals to meet people's needs. These included opticians, dentists, chiropodists, community based nurses and occupational therapists.

During our inspection we found a number of 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.

## Is the service safe?

### Our findings

Most of the people we spoke with at the home were unable to tell us if they felt safe but some expressed that they liked the home. One person said "We get looked after". One visitor felt her family member was safe at the home.

The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. We found the registered provider had used DBS checks to ensure staff were suitable to work in the home. They had also required staff to complete an application form giving background information on their work experience, skills and previous training. On receiving the references the registered manager had contacted the author of the reference to verify they had written it. This meant there were robust checks in place to recruit staff.

Staff had been trained in safeguarding vulnerable people. They told us if they had any concerns they would speak to the registered manager and felt confident they would be taken seriously. The registered manager told us there were no ongoing investigations into whistle-blowing concerns. We saw the registered provider had in a place a disciplinary policy to manage inappropriate staff conduct and keep people safe. The registered manager told us there were no ongoing disciplinary investigations.

We checked to see if people were given their medicines in a safe manner. We saw people's medication administration records (MAR) were up to date and accurate. We observed staff giving people their medicines. Staff were patient and gave people time to take their medicines at their own pace. Medicines were locked away in trolleys or medicines stocks were held in locked cupboards. There were appropriate arrangements in place for the disposal of unused medicines. Fridge temperatures were checked daily to ensure people's medicines were stored at the correct temperature.

We saw in their medicines audits the registered manager had addressed the use of topical medicines when they had checked people's individual files. They had required improvements on this issue. Topical medicines are creams applied to the skin. We found topical medicines in people's rooms which had been opened and there were no dates of opening. This meant we could not be reassured that creams were not being used past their use by date. We noted one person had been prescribed cream for dry skin and found their hands to be dry and flaky but we were unable to find guidance to staff on how to apply their creams. A staff member explained that due to a change in pharmacies new body maps were in the process of being completed. We found the service needed to ensure the proper and safe management of people's topical medicines. We spoke with the registered manager and the regional manager about our findings. They were aware of their current need to ensure the proper management of medicines.

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

People had their own individual risk assessments in place and actions had been put in place to mitigate

risks. For example actions had been put in place for people who were at risk of falls or weight loss. The home also had in place a number of risk assessments to keep people who used the service and the staff safe.

We saw arrangements had been put in place by the registered provider to maintain the building and keep people safe. For example we saw there was a current gas certificate in place. This showed us the gas supply to the home had been checked in the last year. Fire checks were regularly carried out including the fire alarm, fire doors and fire extinguishers were checked on a regular basis. Portable appliance testing (PAT) and health and safety checks were also carried out. A maintenance book was available for staff to inform maintenance staff of any items which required repair or replacement.

We looked to see if there were enough staff on duty. One person said "Staff are always so busy." Another person said "There's always plenty around." A relative told us they felt that there was enough staff and that they didn't have to wait long if they needed any assistance for their family member. They said "You can always find a nurse" and that they were reassured that their relative gets individual attention from them. One person felt that staff weren't always able to respond quickly because of the needs of others and said "Yes they come but not always as quick." The registered provider used a dependency tool to measure people's needs and the levels of staffing required. This resulted in a number of hours required by the home each day. The registered manager showed us the rotas and how they complied with the dependency tool. We did not observe people having to wait for care to be delivered. This meant there were enough staff on duty during our inspection.

We saw there were accident records in place and the registered manager monitored the accidents to check if actions could be implemented to prevent any re-occurrences.

The home was clean and tidy. We saw cleaning activities were carried out during our inspection. The registered manager had in place a laundry audit which was carried out on a monthly basis. The audit addressed a number of different areas including if the dryer was safe to use and there was no build-up of dust. It also included if the laundry was clean and people's clothes were labelled, clean and stain free. We found in one person's room a urine soaked cushion and left the cushion on its side to seek staff attention. On returning with a member of staff we saw the same cushion had been put back in the correct position on the chair. The staff member immediately dealt with the situation and removed the cushion.

## Is the service effective?

### Our findings

Two people who lived at the home felt that the staff were knowledgeable and knew what they were doing. One said "They are kind hearted". One visitor felt that staff were well trained and that, "They bend over backwards to help."

At the last inspection we found the environment lacked the requirements to meet the needs of people diagnosed with a dementia type condition. The registered manager had progressed some of this work. A sensory room had been decorated and required new flooring to complete the work. Wallpaper of a brick design had been put on sections of the upstairs corridor. The registered manager explained pictures of windows with scenes beyond was to be the next stage. A café had been set up so people could go for a drink with their family. China tea cups, saucers and plates had been sourced for the café. The café had yet to be opened for people who used the service and their visitors. Signage had been provided for communal bathrooms and toilets. This meant progress had been made to create an environment suitable for people with dementia type conditions.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service had adhered to the MCA and applications to deprive people of their liberty had been made to the appropriate authority. Staff had been trained in MCA and DoLS, and people or, if appropriate, their relatives had given their consent to be cared for in the home.

We found staff on starting work in the home received an induction to familiarise them with the home and the people who used the service.

The registered manager had in place a training matrix. The matrix showed when staff had last undertaken mandatory training as required by the registered provider. We saw staff had completed a range of training for example, safeguarding, health and safety, infection control and first aid. The matrix also included fire training and when staff had participated in a fire drill. Staff confirmed to us they had completed training and we found training had been sourced by the registered manager to prevent a re-occurrence of an issue raised with them. There were training certificates in staff files which demonstrated staff had been supported to learn about how to carry out their roles.

We found there was a structure in the home which demonstrated which staff were supervised by which

manager. Supervision is a process where a staff member meets with their line manager to discuss their progress, any concerns they may have and their training requirements. The registered manager monitored the supervision. Staff confirmed to us they received regular support from their line manager. We also saw staff had been appraised on an annual basis.

We looked at the arrangements in place for eating and drinking in the home. Care staff informed the kitchen staff about people's diets. Kitchen staff were able to tell us about people's specific diets and how their dietary requirements were managed in the kitchen. We found where people had lost weight referrals had been made to a dietician. Staff were aware who needed prescribed food supplements. We observed the staff asking people for their food choices that day and noting them in a book. One person confirmed "They come around every day and ask." The staff member only used verbal questions. There were no pictorial representations to help people decide. We were later shown pictures of meals and advised enabling people to choose their meals by using pictures was under development. One person said of the food "I get the most fantastic salad – beautifully presented." Another person said that "If you don't fancy what's on that day they will make you something else." One visitor explained that they were invited to have dinner with their family member and that it was "very nice".

We saw that outside of mealtimes people were offered drinks from a tea trolley. One person said, "Always get sandwiches with a cup of tea in the afternoon." On our inspection days we experienced very hot weather and found a thermometer in the staff room which read 38 degrees. We saw people were hot and sweating. The provider had installed cool drinks machines in a room they hoped to turn into a café. At the time of our inspection these drinks were not readily available for people to maintain their hydration. We found four people had their food and fluid intake monitored and saw there was no target fluid levels in place which meant staff could measure if a person was at risk of dehydration. This meant the service had not done all that was reasonably practical to mitigate risks of dehydration.

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

We observed staff communicated with each other about people's needs. Staff maintained a diary for people's appointments and reminders to carry out specific tasks. We also found the registered provider had a handover book to ensure there was an exchange of information between staff finishing their shift and new staff coming on duty. This meant there were systems in place to manage the communication between staff.

## Is the service caring?

### Our findings

Staff spoke fondly about people who used the service and chatted to them throughout our inspection. One professional visitor wrote on their survey response about their service user, "Always appear to be content and happy I have no concerns." Another visitor to the home said, "There is always a friendly atmosphere at Peterlee Care Home." A relative said, "They care in this care home – all the staff are lovely" and explained everyone was kind to their family member. One person felt they were happy with the care and felt well looked after, they said, "They're kind – if you don't know what's going on they'll tell you." Another person when asked if happy with the care said "Well – sort of." They were unable to elaborate further. Another person said, "Staff are nice, they are lovely" and said later that staff listen to them and have a chat. They said, "I wouldn't change this one little bit."

One member of staff told us they loved working in the care home, and enjoyed working with people who lived in the home. They said, "I treat them as I want my family to be treated." We saw that staff followed people's mobility plans and promoted their independence. We heard staff speak to people in kind tones.

We saw that the registered manager held meetings for people who used the service and their relatives. The registered manager invited those who attended the meeting to contribute to discussions on activities and the food in the home as well as reporting back on trips planned and the creation of a dementia café. This meant the registered manager was involving people in the developments of the service.

People were unable to tell us if they had been involved in their care planning. One relative told us they were involved in care planning and described how the home had responded positively to a routine hospital visit change and had kept them informed of what was happening.

We found people were treated with respect by the staff. Staff knew people well and were able to give us specific information about people in their care. Whilst generally we saw people's dignity was preserved by staff, for example staff adjusted people's clothing, we found one person sitting in a corridor whose clothing became progressively food stained. On the personal care chart we read, "After each meal ensure clients hands and faces and clothing are clean." This meant the person sat for most of the day in stained clothing and their dignity was compromised.

We saw staff knocked on people's doors before entering their room and closed the bedroom doors behind them when they were supporting people with their personal care. Similarly bathroom and toilet doors were closed when staff were supporting people.

We observed staff provided information to people, for example when they were supporting them to the dining room for their meals. Staff responded to people's questions providing reassurances to one person who became anxious.

We saw people's bedrooms were personalised so they were surrounded by familiar items such as photographs and ornaments to help them feel at home.

Information in the entrance was provided on a notice board which included information about how to contact the local safeguarding team if anyone had concerns and also information on dementia care. Information was given about a local advocacy service. The registered manager told us there was no one currently using an advocate to help them manage their care. Relatives acted as natural advocates for their family members and were able to speak to staff. One person wanted to speak to us about their wishes. We conveyed their wishes to the registered manager who was aware of what the person had said and provided reassurance that they would be listened to. This meant people were able to self-advocate and were listened to by the staff.

## Is the service responsive?

### Our findings

In response to a survey one professional wrote the, "Staff are always pleasant and responsive." We observed staff responded to people's needs throughout our inspection. For example staff answered people's questions, picked items up which had fallen to the floor and offered them different seats either closer to or away from a fan in the lounge. Another professional wrote, "Staff worked well with a very challenging service user" and reported their behaviour had stabilised sufficiently for them to return to living in the community.

On one of the days of our inspection we noted on the activity boards displayed on each floor the activities were "Board Games and Shopping" however, we did not see evidence of these activities happening. We found structured activity took place in a designated room on the ground floor. We observed one person colouring in a book in this room and one person playing CDs. Both people appeared content in this environment.

On the ground floor people described going to do activities in the activity room. One person described how they get involved in daily living tasks and said, "I give a hand to fold towels and take things out of the dryer." The same person said "I'm always pottering around" and "They always give me something to do." Another person said, "We do all sort of things." During our inspection we carried out observations of people on the ground floor and found people engaged in conversations with raised voices from one end of the room to the other. One person got up and walked out of the room, they returned a few minutes later with TV magazines and offered them to people in the room, one person commented, "These are old aren't they." We asked one person what they were doing that day and they said, "Just sitting about and doing nowt."

On the first floor one person felt there was very little to do. They said "There's nothing to do up here. I don't have anyone to talk to". We observed one person was trying to do word searches but they could not remember how to do them and asked a member of staff to explain them. The member of staff explained how to do a word search puzzle to the person. We looked at people's daily accountability records and found staff consistently wrote people were relaxing, for example in one person's records we found they had relaxed in the lounge and in the corridor for 20 consecutive days. Another person had also relaxed in their room for seven days. We found there was a lack of stimulation for people living with dementia type conditions on the first floor.

We reviewed the individual activity records and found these were not person centred. We found the entries in the individual's activity records did not appear to have any link to those preferences noted in the preferred activity record. This meant people were not in receipt of care which was person centred.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the service gathered information prior to a person's arrival in the home and they had begun to draw up care plans to meet each person's needs. Care plans noted the sources of information for example Durham County Council assessment documents.

During our last inspection in April 2016 we found a breach of regulation 17 – Good Governance. We saw that people's records were not accurate or up to date. In this inspection we found daily care records were up to date. The home had in place a personal care chart. We found staff had ticked the chart to state they had carried out personal care tasks with each person. We saw new care plans had been introduced, the registered manager told us they were in the latter stages of transferring people's care records onto the new documentation. Staff commented to us the new care plans were more accessible and easy to read.

We reviewed four people's care plans in depth and found the actions required to meet people's needs as described in their care plans were being carried out. For example one person with diabetes required their blood to be monitored on a regular basis; we found this need had been met.

People had in place care plans which reflected their needs including nutrition, mobility, continence and communication. The care plans referred to people's mental capacity and what decisions they were able to make and gave guidance on how to support people. We saw that the plans were reviewed on a regular basis to ensure they were current. One person's plan required them to have hourly checks in their room. Whilst there were no checking arrangements in place we observed they were frequently checked by the nurse on duty including when they gave the person their medicines, drinks and their meals. Night time checks were also carried out.

Concerns about people's health needs had been responded to by the staff and GP visits had been requested. Specialist support for people with additional needs for example specialist equipment had been welcomed into the service.

People had in place hospital passports. These are documents which are taken to hospital if a person needs to be admitted in a planned way or in an emergency. We found the information in the passports reflected people's care needs; for example the passports contained details about people's dietary needs and if they could eat independently.

People we spoke with told us they would go to the registered manager if they wanted to complain. One relative told us they had nothing to complain about. Since our last inspection we saw an investigation had taken place into one complaint. We found the registered manager had apologised and had put in place staff training to prevent a reoccurrence. This meant complaints about the home were taken seriously.

## Is the service well-led?

### Our findings

There was a registered manager in post. People who spoke to us told us they knew the manager and the home had a pleasant atmosphere. The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow.

We spoke with the registered manager and a regional manager and advised them of the legal requirement to display the rating of the care home on their website. They agreed to address the issue. At the time of the publication of the report the provider had made the required improvements to their website.

We found the culture of the home to be friendly. This was echoed by comments from professionals who had visited the home. Staff welcomed people into the home. We observed conversations taking place with visitors to be warm and cordial.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service. Prior to our inspection we reviewed notifications to the service and found these had been submitted by the registered manager. The registered manager was unaware that notifications were required when an application to deprive someone of their liberty had been granted. They immediately submitted the required notifications.

We found the registered manager had in place a system for carrying out regular audits of the service including for example monthly health and safety checks in the building and the exterior of the home. In January 2016 an action had been identified to replace paving stones. This had been achieved in May when the weather was drier and more appropriate to carry out the work. This meant actions to improve the home had not been lost whilst waiting for better weather.

Monthly catering audits were in place and involved a scoring system. We saw the kitchen area had scored 97% in June 2016. This meant the home measured their auditing of the kitchen using a systematic process. Actions had been listed to ensure any deficits were addressed. We found infection control audits were carried out in a similar way.

We saw the registered provider carried out monitoring visits to the home and provided a report to the manager on what actions were required to continuously improve the home. We saw the provider had begun to develop a monitoring system which reflected the five key questions asked by CQC when carrying out an inspection. The reports had a review of previous actions required and the registered provider checked to see if these had been carried out. The actions were specific. This meant the registered provider had developed a system where staff were accountable for the tasks allocated to them.

In the minutes of a staff meeting we found the registered manager emphasised to staff the need to approach the management group and discuss any concerns. This meant staff were being encouraged to report any concerns they had about the home.

We saw the service had carried out a quality audit of the home and had asked people who use the service, their family members and staff about the quality of service provision. We saw relatives who were unable to be frequent visitors to the home had been unable to comment if their relative was happy. The home had undertaken a review of the person's needs and built additional activities into their plans.

The registered provider had in place a range of records to monitor people's well-being and demonstrate they were meeting regulatory requirements. We found records for example daily accountabilities were updated. We observed staff complete food and fluid charts after meal times. We saw care plans were reviewed and where required updated.

In the feedback prompted by the quality surveys carried out by the registered manager we noted one professional had written, "[Registered manager] and her care staff team have been very supportive in assisting my client in their move to extra care. Very professional and have worked in partnership with Durham County Council to facilitate safe discharge." We noted the home worked with a range of professionals to meet people's needs including opticians, dentists, chiropodists, community based nurses and occupational therapists. This meant the service had in place professional networks to meet people's needs.

We saw the service had in place links with community professionals who visited the home. This included hairdressers, chiropodists, community nurses, GP's. People also accessed local day centres where they met with others to avoid social isolation. In the most recent audit carried out by the registered provider we saw an action to involve other areas of the community including for example local churches. This meant the registered provider was looking towards further community engagement.

People's records were stored in locked rooms. We noted work had been carried out to bring the records up to date and there were plans in place to continue to further develop the work. The records accurately reflected people's needs. We observed staff completing records and ensuring they were up to date.

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 9 HSCA RA Regulations 2014 Person-centred care  The service did not have in place person centre activities which met people's individual needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider did not have in place suitable arrangements to ensure people were in receipt of their prescribed topical medicines.  The registered provider had not done all that was reasonably practical to ensure people were not at risk of dehydration.