M D Homes

Carrick House Nursing Home

Inspection report

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Date of inspection visit:
27 June 2017

Date of publication:
14 August 2017

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

The unannounced inspection of Carrick House Nursing Home took place on the 27 June 2017. At our last inspection on 30 September 2015 the service met the regulations inspected.

Carrick House Nursing Home is a care home that provides accommodation, nursing and personal care for up to 24 older people some of who may have dementia, sensory impairment or physical disability. At the time of our inspection there were 22 people using the service. The service is owned and operated by MD Homes who run four other services. Public transport is located close to the home and a range of shops within walking distance.

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

We saw mostly positive engagement between staff and people using the service. Staff were kind and respectful and showed an understanding of people's varied needs.

The design and decoration of the premises was not beneficial in meeting people's individual needs and there were some furnishings that were not clean.

People took part in some activities but there was a limited range of general and personalised activities to promote people's well-being and minimise social isolation.

The staffing of the service was organised so people received the care and support they needed and to keep them safe. However, feedback from some people indicated that there were times when staffing was insufficient.

There were procedures for safeguarding people. Staff understood how to report possible abuse and knew how to raise any concerns about people's safety so people were protected.

People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm. We found systems were in place to manage and administer medicines safely. Accidents and incidents were addressed appropriately.

Staff were appropriately recruited. They underwent a range of pre-employment checks to ensure they were suitable to work in health and social care. Checks had also been undertaken to ensure that nurses who worked at the home had a current registration with the Nursing and Midwifery Council (NMC).

Staff had an understanding of the systems in place to protect people if they were unable to make one or

more decisions about their care, treatment and other aspects of their lives. The registered manager knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS were in place when it was necessary to restrict people's freedom in some way.

Staff received appropriate training and support to enable them to be skilled and competent to carry out their roles and responsibilities.

People were supported to maintain good health. They had access to a wide range of appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed.

There were some systems in place to assess, monitor and improve the quality of the services provided for people. Some areas of quality assurance were in the process of being developed and improved.

We have made two recommendations, that the service considered current guidance from a reputable source to determine appropriate staffing levels for the service, and guidance in relation to good practice regarding the design of environments that met the needs of older people including the specialist needs of people living with dementia.

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

There service was not always safe.

The staffing of the service was organised so people received the care and support they needed and to keep them safe. However, some people told us they felt staffing numbers were not always sufficient.

People told us they felt safe and staff were aware of the measures to keep people safe. Risks to people's safety were identified and procedures were put in place to protect people from harm.

Staff ensured people received their medicines as prescribed.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Requires Improvement

The service was not always effective.

The environment did not promote people's wellbeing and the layout and design of the premises did not always support people's individual needs. There were furnishings that were not clean.

People were cared for by staff who received appropriate training and support to enable them to carry out their responsibilities in providing people with effective care.

People were provided with meals and refreshments that met their preferences and dietary needs.

People had access to advice and treatment from health care professionals to meet their health needs.

Is the service caring?

Good

The service was caring. Staff engaged with people in a sensitive and kind manner. There was one occasion when staff interaction

could have been more caring.

Staff respected people's privacy. People's confidentiality was protected. Records containing personal information were stored securely.

People's relationships with those important to them were promoted and supported.

Is the service responsive?

Good

The service was responsive.

People took part in activities but there was a limited range of general and personalised activities to promote people's well-being and minimise social isolation.

Care plans provided information needed by staff to provide people with the care and treatment they needed. Care plans were in the process of being developed to be more personalised.

There was a system in place for peoples' complaints to be listened to and addressed. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were areas of the service where improvements were needed. The provider was in the process of developing the quality monitoring checks of the service.

People, relatives and staff had opportunities to provide feedback about the service.

CQC were notified as required about incidents that had occurred at the service.

Carrick House Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 27 June 2017 and was unannounced.

The inspection team consisted of one adult social care inspector, a specialist nurse advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that 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.

We also looked at the Provider Information Return [PIR] which the provider had completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with the registered manager during the inspection.

During the inspection we spoke with fourteen people using the service, registered manager, two directors, two nurses, four care workers, the activity co-ordinator, cook and four visitors. We also spent observing staff engagement with people using the service. Following the inspection we obtained feedback about the service from speaking with six people's relatives.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of six people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt supported by staff at the service. They told us that they felt safe and could rely on the staff when they needed help. We saw that call bells were left within reach for people who remained in their rooms, and staff responded to call bells without significant delay.

A person told us "I don't have to worry about anything. I feel safer here than at home because I know there are people around if and when I need them." Another person told us "I have not fallen since coming here and I am comfortable."

Relatives of people told us they thought people were safe; comments included "I absolutely feel that [person] is safe" and "I think [person] is safe, I have no concerns. However one person's relative told us that a person seemed to be well cared for, but they felt from their experience of the service, the person was not as safe as they could be.

Staff knew the procedures they needed to follow if they suspected abuse or were aware of poor practice from other staff. A member of staff told us "I would provide immediate support to the person and report things to my manager so that a plan could be put in place to protect the person." The contact details of a local authority safeguarding team were displayed. Staff had received safeguarding adults training. The staff we spoke with were able to describe different types of abuse. A care worker told us about the whistleblowing procedures and that they would report any concerns or suspicions of abuse to the registered manager. They knew they could inform the local authority safeguarding team, police and Care Quality Commission [CQC] when required.

People's care files included appropriate individual risk assessments that included risk of falls, self-harm, behaviour that challenged the service, pain, choking and moving and handling. Guidance in place for staff to follow minimised the risk of people being harmed from identified risks. Information about how to support people if they were choking was displayed. People at risk of falling out of bed had bedrail risk assessments in place and bed rails were fitted with bumpers to prevent entrapment.

People's risk assessments were reviewed and updated regularly to reflect any changes. People who were at risk of developing pressure sores were provided with pressure relieving mattresses which were monitored to make sure the pressure was set correctly in line with the person's weight. Staff we spoke with were aware about individual risks to people.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employees had a criminal record or had been barred from working with people who needed care and support. Staff we spoke with told us they were interviewed for their jobs, and confirmed that appropriate checks had been carried out.

The registered manager told us that the staffing numbers and skill mix were determined from assessment of

people's dependency needs to make sure people received the care they needed and were safe. The manager told us that on the day of the inspection they had provided an extra care worker as one member of staff had "to leave early." The registered manager told us "I have the freedom to increase the numbers based on [people's] needs."

During the inspection despite staff being busy there was no indication that people were being rushed and/or not receiving the care and support they needed from staff. Staff told us "There are some days when I can get very tired because there is a lot to do, but people's needs were always met safely and we take a lot of pride in ensuring that care is given safely," "We have a good team here and the nurses and the manager are always at hand if extra help is needed."

However, one person asked to go to their room and we heard care staff tell the person they would attend to them within a few minutes, but despite the person asking again their request was not addressed until we spoke with a care worker. The care workers had been attending to other people at the time and informed us they could not leave the lounge unattended so were unable to attend to the person's request until another staff was available.

A person told us that they felt that the service was short staffed as staff were "very busy." Some people's relatives told us that they found in the afternoons and during weekends there was a delay until call bells were answered. A person's relative told us that a person sometimes waited up to 30 minutes for support to go to the toilet. The relative told us they felt three care staff on duty in the afternoons was not sufficient to ensure staff were responsive to people's needs. During the inspection we noted that we did not see people walking independently within the home. The registered manager informed us that most people had significant mobility needs and were unable to walk, or required assistance from staff with moving. This indicated that two staff could be required to support most people with their mobility needs and possibly with their personal care needs. We spoke with the registered manager who told us that they would review the staffing needs of the service. They informed us that there were some occasions when four care staff were on duty in the afternoons, but would look in to this being a regular occurrence.

We recommend that the service consider current guidance from a reputable source to determine appropriate staffing levels for the service.

The provider had made suitable arrangements about the provision of medicines for people using the service. We checked medicines storage, medicines administration record [MAR] charts, and medicines supplies. All prescribed medicines were available at the service and were stored securely. Medicines requiring refrigeration were stored at appropriate temperatures. We found no gaps in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.

Medicines were administered by nurses that had been trained in medicines administration. We observed a nurse administer medicines to people in a safe manner. The nurse explained about the medicines to the person when providing them with their medicines. A person told us "I don't have to worry about my medicine because somebody always brings it to me." A nurse told us that a GP reviewed people's medicines regularly.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. These included water temperature checks, call bell and wheelchair checks, and service checks of equipment, electrical and gas systems.

We spoke with a member of staff about using moving and handling equipment. They told us "I can say confidently that as a team here we use the hoists safely. Our hoists are serviced six monthly, all people have their own personal slings, and we always have two people when we hoist and most importantly only people who are trained can use the hoist."

Fire emergency plans including evacuation procedures were displayed. Each person had a personal emergency evacuation plan [PEEP]. An up to date fire safety risk assessment and emergency plan was in place. Regular fire drills took place.

There were no unpleasant odours. Soap and paper towels were available and staff had access to protective clothing including disposable gloves. Information about the hand washing protocol to minimise the risk of spreading infection was displayed and hand cleanser was located in the reception area for visitors and others to use.

The local authority had carried out a check of the food safety in 2016 and had rated the service very good.

Requires Improvement

Is the service effective?

Our findings

People using the service told us they were happy with the care and support they received from staff, who they said were kind to them. People told us "There is always staff around, they help me to get up and have a wash in the morning and help me to go back to bed in the evening," "They're looking after me very well, [the staff] are trained very well," "Very good nursing" and "They are looking after me very, very good. Excellent." People's relatives told us they felt staff were competent and understood people's needs.

Care workers told us when they started working in the home they had received an induction, which included; learning about the organisation and shadowing more experienced staff to gain an understanding of people's individual needs. One staff told us "I had induction when I started, I did mandatory training; manual handling, dementia training." Another member of staff told us that they had "lots of training." The registered manager told us that new care staff were in the process of completing the Care Certificate induction [the benchmark for the induction of new care workers] as well as the service's own care workers' induction programme.

Records showed and staff told us they had received relevant training to carry out their responsibilities in providing people with the care and support they needed. Staff training included; safe moving and handling, basic first aid, health and safety, infection control, food hygiene, safeguarding adults, falls prevention, stroke awareness, skin care, epilepsy awareness, diabetes and dementia training. Refresher training also took place. A member of staff told us "We have been trained to a very high standard."

The registered manager told us that nurses were assisted with revalidation process for maintaining their nurse registration with the Nursing and midwifery Council [NMC], and care workers were supported to obtain qualifications in health and social care.

Staff told us they received regular formal one-to-one supervision with the registered manager. The registered manager told us that staff supervision meetings were sometimes interrupted due to frequent requests from visitors and others asking her to attend to matters about the service. This was discussed with the finance director and registered manager who told us they would look at ways to ensure staff received supervision without disturbance.

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.

Staff we spoke with knew the key principles of the MCA and said they put these into practice. Care records included appropriate assessments of people's capacity to make decisions. One staff told us "The Act [MCA] requires that as far as possible people make their own decisions and are helped to do so when needed". Another staff told us "On a daily basis we always support the people to make decisions like their food, [and]

the clothes they would prefer to wear." Records showed staff had received MCA training.

Staff knew if people were unable to make a decision about their treatment or other aspects of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Records showed that a person who had been assessed as lacking capacity to make certain decisions about their care had involvement from their relatives with making a decision about their care. A person's relative told us that they had been involved in making decisions in a person's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager knew about the requirements of MCA and DoLS. Records showed that some people using the service were subject to a DoLS authorisation at the time of our visit.

Staff were knowledgeable about the importance of obtaining people's consent when supporting people with their care and in other areas of their lives. We observed staff involving people in day to day decisions including choosing what they wanted to eat and drink. We saw a care worker respect a person's decision to remain in the lounge rather than go to their room after the evening meal.

Information about people's medical and health needs were included in their care plan. People had access to a range of health professionals including; GPs, chiropodists, opticians and tissue viability nurses to make sure they received effective healthcare and treatment. A person told us that a doctor and a dentist visited the service. Another person informed us that they could get an appointment to see a doctor when they requested one.

People's nutritional needs and preferences were recorded in their care plan. The cook had knowledge and understanding of people's individual nutritional needs including food allergies, personal food preferences and particular dietary needs. Some people had complex health needs which meant they could not eat and drink without extensive support. Care records showed that specialists, such as dietitians and speech and language therapists [SALT] had been involved in supporting people with their nutritional needs. A person's records showed that the staff had complied with the instructions from a dietitian to ensure a person's nutritional requirements were met. Records showed a person's food had been fortified and they had been provided with regular snacks to help the person reach their target weight.

The cook told us they obtained feedback from people about the meals and that they addressed the issues that people raised. They told us that currently they were not recording people's feedback or the action taken to address any shortfalls but would in future document this. People did not have to wait for more than a few minutes for their meals and received assistance from staff when this was needed.

There were pictures of food that people [who had difficulty in reading] could use to help them choose what they wanted to eat. People were complimentary about the meals. They told us "The food is fine as far as I'm concerned. I more or less eat whatever is put in front of me," "The food is very nice. You get a choice sometimes. If you tell them you don't like it they will make you something else," "The food is alright, but it could be better," "[The food] is fine. I like food here. They cook me curry when I ask" and "The cook comes up before lunch, and sometimes in the evening, to ask me what I want [to eat]."A person told us "I don't know how many times they come to ask me to eat and drink and remind me why I should do this."

The environment of the premises was 'tired' looking in several areas. The lounge was cluttered and the

layout of the furnishings including armchairs was not conducive to the promotion of socialisation, several people sat a significant distance from the television so might have difficulty in watching it if they wished to do so. The premises also lacked colour, textures, clear signage that endorsed a more pleasing environment and promoted orientation for older people and those who lived with dementia.

The garden tables and chairs did not look clean, and the lounge carpet and several armchairs located in the conservatory were stained. The registered manager told us that the chairs had been moved to the conservatory prior to being disposed of and that there were plans to replace them with armchairs that better met the needs of people using the service. Some people's relatives told us that they had found on occasions people's rooms not to be as clean as they felt they should be. We noted this had been raised during a relatives meeting. A person's relative told us that the layout of the lounge did not promote people's privacy during conversation as it was difficult to sit close to the person they were visiting as the gaps between people's chairs were small. Another person's relative told us "I don't like the environment."

A managing director told us that a quality check of the environment had recently been carried out which identified that improvements were needed and arrangements were in place to make improvements to the environment of the home. He told us that a report of this check was in the process of being completed by the external consultant who had carried out this check.

We recommend that the service consider current guidance in relation to good practice regarding the design of environments that met the needs of older people including the specialist needs of people living with dementia.

Good

Is the service caring?

Our findings

People and those important to them told us that staff were kind. Comments from people included; "[The care workers] are very nice people," "They are looking after me very well. All is ok," "I don't think they could do any better [at looking after me]," "The staff are all very nice and show respect, I don't have to worry about anything. I get my meals, my medicine, my wash and my room clean every day. I need help with almost everything. They normally check on me all day and night and I have my buzzer if I need their help in between." A person's relative told us "They look after (my relative) very well."

Photographs were displayed of the staff working in the service, so people and visitors could identify the name and role of staff employed in the home. We saw positive interaction between people and staff and care staff took their time when delivering care and did not rush people. A person told us, "They [staff] are hardworking and deserve all the good that comes to them."

A member of staff told us "I care for people like I care for my grandmother; I show them the same respect, love and compassion that she showed me when I was a child". A person told us the care workers were friendly to them; "Anyone I've come across here has been easy to get on with." Whilst we were talking with a person, a care worker offered the person tea and biscuits which they accepted, saying in a joking manner to the care worker: "Don't tell anybody but I could talk to you all day. Don't tell my wife!"

We saw during lunch staff sat comfortably next to the people and appeared relaxed when they supported them. There were occasions when we heard laughter between staff and people using the service. A person using the service told us "One of the nurses comes to see me every morning and says: 'I want to look at your face to see how you are, she has a nice smile…. They asked; 'Are you comfortable? Is there anything I can get you?" However, there was an occasion when a member of staff did not show empathy or sensitivity when engaging with a person and sounded a little abrupt. The registered manager told us they would look into the matter and speak with the member of staff.

Staff respected people's modesty and understood what privacy and dignity meant in relation to supporting people with their care. Bathroom and bedroom doors were kept closed when people received assistance from staff. During the visit we observed staff knocking on bedroom doors and asked permission before entering people's rooms. The shared rooms had curtains and visitors met with people in a separate room downstairs in order to respect their privacy. A person's relative told us that a person was content with the arrangement to share a bedroom.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. One member of staff told us they had attended a course "To enable me to be the dignity champion". They also told us "Dignity is about respecting people's wishes and their right to be independent. It is about honesty and treating people like you would like to be treated and checking with them all the time. It is about total involvement of the individual from the very start, it is about knowing about them even before they come here". The member of staff told us they communicated with other staff and shared their knowledge with them about the importance of respecting people's dignity. They showed us

details of a meeting they had with staff to promote dignity within the service and to "share examples of good practice."

People's care plans included information about each person's background and family to help staff understand their individual needs. People's preferred name was recorded in their care records. Care plans also included information about people's other preferences. A person told us that staff respected their wish to have assistance with a wash in bed in the mornings. People's care records included information on how staff ensured they understood and promoted people's communication needs. For example staff had provided a board and a pen to enable a person with hearing needs to communicate with other people. When we approached the person they told us that if we wished to communicate with them we should use the board to write.

Staff had a good understanding of the importance of confidentiality and knew not to speak about people other than to staff and others involved in the person's care and treatment. There was a conservatory which provided people with an alternative area to sit alone or with family away from the lounge. However, it was not used during our visit. People's care records were stored securely in locked cabinets.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. Relatives of people and records showed people had contact with family members. People's relatives spoke about their visits. A person using the service told us "I get a lot of visitors and sometimes they take me for a meal, my [relative] visits most weekends and brings me food".

Staff and people using the service confirmed the service celebrated a range of religious festivals. People's birthdays were also celebrated by the service. People's care plans included information about people's religious and cultural needs and preferences. Care workers we spoke with had a good understanding of the importance of respecting people's individual beliefs and needs.

A nurse told us that at the time of the inspection nobody was currently receiving end of life care, records showed that four staff including the registered manager had recently received end of life care training. Another member of staff told us "I have been booked to do the end of life training. The plan for me is to be the end of life champion."

Good

Is the service responsive?

Our findings

People told us that they were satisfied with the care that they received. A person commented; "Everything seems to be going alright. It's ok… As far as I'm concerned everything's fine."

People's relatives told us that communication with nursing staff was generally good and people saw a doctor when they needed to. They also told us they were informed of any changes regarding people's needs. A person's relative told us; "They [staff] seem to care for [person] properly. They make sure [person] has something to drink when [person] needs it…. If I think [person] has been sitting too long I tell them to put her to bed so [person] can stretch."

People's needs were assessed with their participation and when applicable their family involvement, prior to them moving into the home. A person's relative told us they had been fully involved in an initial assessment of a person's needs. Care plans were developed from people's assessment and identified the support they needed with their care and other aspects of their lives. The registered manager told us that people's care plans had been recently developed into a more personalised format. Care plans included guidance for staff to follow to ensure people's needs were met. For example a person's care records included details about the person's particular nutritional needs.

Care records were completed during each shift and included details about the activities people took part in and any changes in people's health and care needs so staff had up to date information about people's current needs.

People's care plans had been reviewed regularly and updated when people's needs altered such as when there were changes in people's health. A person confirmed they had seen and approved their care plan. Although people's care plans had been reviewed regularly by staff there was little indication from the monthly review that people had been involved in that review and/or asked for their views about their care. However, people's relatives told us they had the opportunity to regularly read the care plan of their relation and could comment on it if they wished to do so. A relative told us that they felt listened to by the service and they were kept informed of their relative's progress and of any changes in needs.

Care workers told us they read people's care plans and gained up to date knowledge of people's needs and progress during staff 'handover's' before each working shift. We listened to a 'handover' meeting between the night nurse and day staff. It was thorough and comprehensive. Each person was discussed and their current needs were communicated to the day staff. Care workers attended the handover meeting, but some sat some distance away from the nurses, which was not favourable for hearing the night report delivered by the nurse or showed they were fully involved in the meeting about people's care needs. However, one member of staff told us "At handovers we tell the staff about the care that we have given and they give us feedback. I have found this a very useful way to find out if I am doing the right things. The nurses also teach us how to improve on our practice."

Staff were responsive in taking appropriate action to protect people from developing pressure ulcers.

People records specified the care people needed to relieve pressure on their skin, which included how frequently people needed their position changed. A person's care plan specified that they should be supported to turn over in bed to relieve pressure on their skin. The person's monitoring records showed that staff followed that guidance. We were provided with examples of people having been admitted with a pressure ulcer and this having improved or healed following care and treatment provided by the service. A person's records showed that the person's sacral and heel pressure ulcers had been appropriately documented and showed the wounds had healed The service sought advice and guidance from a local health authority tissue viability nurse [TVN] when required.

People's wound records showed that wound dressings were changed as required, and clear photographs of the wounds were taken regularly with dates and size of the wound, so the progress of treatment was monitored closely.

Accurate fluid monitoring records were in place for people who were at risk of dehydration. However, a person's fluid balance chart was not always totalled at the end of 24 hours and the target amount of fluid the person should drink was not always specified. However, this information was added promptly after we had mentioned it to the registered manager.

Since the last inspection a care worker had been employed to work a few hours each day as an activities co-ordinator. A person told us "They started to do an exercise class a few weeks ago." The activities co-ordinator supported people to take part in some activities including massage and an exercise session. Some people were provided with crayons and paper. The activities coordinator told us they ensured they spent time with people who chose to stay in their bedroom and supported them to do a preferred activity if they wished, so minimised risk of social isolation. We asked a person how they passed the time of day and they told us "Singing, exercising, eating and drinking." Another person told us that they liked reading and we noted they had books that they told us they enjoyed reading in their reach. People received daily newspapers and were observed taking a keen interest in them. One person told us "I like the daily newspaper because of the football, and we have a good selection of papers".

The television was on throughout our visit and we did not hear people being asked if they wanted it on or what programme they wished to watch. The television in the lounge was located a significant distance from several people which meant that it could be difficult to watch. Also people's records indicated that there was not much variety in the activities people were offered and participated in. There were five days within the first three weeks of June 2017 when a person had no record of activities that they had participated in. A visitor told us they had only seen the activity props [balls for rolling and throwing] used once or twice and that the activities mainly consisted of television and music.

The registered manager and a director of the service recognised that the provision of activities could be better and told us they were in the process of developing and making improvements to that area of the service.

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure and forms for documenting complaints were available in the reception area of the service. There was also a suggestion box that people could use to provide feedback about the service.

People's relatives informed us they knew how to make a complaint and would direct any complaints they had to the registered manager. Staff knew they needed to take all complaints seriously and report them to the registered manager. People told us "I have a lot of say in what happens to me here. My [relative] is also involved. I am asked about my views about my care and I also know how to complain. The manager is very

good and I see her most days and when I need to ", "If you've got a complaint it's attended to… I've only complained once and I got a good answer. It was explained very well," "So far I have no concerns but I would feel comfortable talking to the manager if was necessary," and "No complaints really here. There is far worse than this place."

A relative told us that issues they had raised had been addressed. However, some people's relatives told us that although complaints and concerns were addressed they did not feel that complaints and/or concerns were always welcomed. Records indicated there had been two complaints during the last twelve months which had been addressed by the service. There had also been several compliments about the service.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they were satisfied with the service. Comments included; "It [the service] is lovely. I have no complaints," I speak with the manager. I can talk to her at any time."

At the time of the inspection the service management structure consisted of the registered manager who directed the management of the service.

The registered manager carried out a 'walk around' of the service when she came on duty to speak with people and staff. We heard and saw her engage in a positive manner with people using the service, visitors and staff. An on call system was in place so staff could access general and clinical advice and support at any time. Staff we spoke with was clear about the lines of accountability. They knew about reporting any issues to do with the service to the registered manager.

The registered manager told us that she had an open door policy. This meant that people, staff, relatives and friends of the people can come in for a chat at any time and don't have to make appointments.

People and their relatives had the opportunity to participate in regular meetings about the service. Records showed a range of aspects of the service were discussed during these meetings including Deprivation of Liberty Safeguards, staff changes and planned changes to the environment. People's relatives had raised issues about the cleanliness of the environment during the meetings and the registered manager had informed them of how they would ensure that the issues were addressed.

During the inspection we found areas including; quality assurance systems, environment, cleanliness, activities and a fluid monitoring record where improvements were needed. The registered manager and a managing director told us about the action they were taking and planned to take to address these issues and to develop and further improve the service.

Prior to the inspection we had been informed by a local authority about a number of deficiencies to do with the service. This check indicated that the quality assurance systems that had been in place were not effective. The provider supplied us with an action plan that had been completed in response to the deficiencies found. The action plan and our findings during the inspection showed that the registered manager and directors had addressed a significant number of shortfalls and were in the process of attending to others.

A managing director told us that improvements were being made to the quality monitoring processes. They told us that a recent quality check carried out had led to changes in the time medicines were administered which improved the service provided to people. They also told us that they had employed an external consultant to monitor and improve the quality assurance systems of the service and to identify shortfalls and make improvements to develop and improve the service. The managing director told us that they planned to carry out regular checks of the service and that a consultant had recently carried out a check of the service and was in the process of completing a report of the check.

Information about the service and a range of other services and feedback forms were accessible to people and others within the reception area of the service. The registered manager told us they also received on-going feedback about the service from people and their relatives.

Staff told us that the manager was a very accessible person, a good listener and very supportive. One staff told us "If she [registered manager] has the power to do something she will do it straight away, otherwise she will be very honest and tell you they will bring it up in the next meeting and then get back to you".

Staff told us that they had regular meetings with the manager, where they could express concerns which would be addressed. Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with the registered manager. Records showed that a range of matters had been discussed with staff during meetings. These included DoLS, safeguarding adults, training, medicines and record keeping.

Staff also told us they have opportunities to develop their knowledge and skills. One staff told us "Everybody has equal access to opportunities, for example I have the opportunities to be champion in two areas. The manager does not expect you to do anything that you have not been trained in. She ensures that staff are trained to do what needs to be done". Staff told us that they worked well as a team and helped each other to ensure that people received the care they needed.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us as required of certain events that had occurred within the home and told us about the action that had been taken to address the issues and to minimise the risk of them happening again.

Records and the registered manager indicated that the service worked closely with health and social care professionals to make sure people's varied needs were met.