

Sure Healthcare Limited

# Derwent House Residential Home

## Inspection report

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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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 9 and 10 November 2016 and was unannounced.

At our last inspection on 8 September 2015 we rated the service as 'Requires Improvement'. There were no breaches of regulation but there were a number of recommendations within the report.

Derwent House Residential Home provides personal care and support for 65 older people and people living with dementia, some of whom may be assessed as needing nursing care. The service is divided into two different units; Derwent House supports people with nursing and residential care needs and Riverview lodge supports people living with dementia. The service is set in a rural position, to the east of the city of York. There is a large car park to the front of the building providing ample parking on-site for staff and visitors. On the day of the inspection we found there were 40 people using the service.

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

At the time of the inspection the registered manager was not at the service, but we were given assistance by the Human Resource manager for the company and we have referred to them as 'the manager' throughout this report.

Record keeping within the service needed to improve. We saw evidence that care files and risk assessments were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm. These findings evidence a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

You can see what action we told the registered provider to take at the back of the full version of this report.

We found that the service was clean, tidy and free from malodours, but there were areas where infection prevention and control practices could be improved to demonstrate that staff were aware of hygiene and cross infection risks. We have made a recommendation in the report about this.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and staff had been employed following robust recruitment and selection processes.

Medicines were administered safely by staff and the arrangements for ordering, storage, administration and

recording were robust.

Some people who used the service were subject to a level of supervision and control that amounted to a deprivation of their liberty; the registered manager had completed a standard authorisation application for each person and these had been reviewed by the supervisory body of the local authority. This meant there were adequate systems in place to keep people safe and protect them from unlawful control or restraint.

People were able to talk to health care professionals about their care and treatment. People told us they could see a GP when they needed to and that they received care and treatment when necessary from external health care professionals such as the District Nursing Team or Diabetic Specialists.

People had access to adequate food and drinks and we found that people were assessed for nutritional risk and were seen by the Speech and Language Therapy (SALT) team or a dietician when appropriate. People who spoke with us were satisfied with the quality of the meals.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

People knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with. People had access to complaints forms if needed and the registered manager had investigated and responded to the complaints that had been received in the past year.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the registered manager was making progress in improving the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

There were areas where infection prevention and control practices could be improved to demonstrate that staff were aware of hygiene and cross infection risks.

The staff demonstrated a good understanding of safeguarding vulnerable adult's procedures. Medicines were administered safely by staff and the arrangements for ordering, storage, administration and recording were robust.

Staff had been employed following robust recruitment and selection processes. Recruitment was on-going to ensure enough staff were employed to meet the needs of people who used the service.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. We saw people were provided with sufficient food and drink to meet their nutritional and hydration needs.

People were supported by a range of healthcare professionals but the recording of some health care needs could be better.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

**Good** ●

### Is the service caring?

The service was caring.

People were supported by kind and attentive staff. We saw that care staff showed patience when supporting people. Clear explanations were given to people as tasks were carried out by the staff. This meant people understood what was happening

**Good** ●

when receiving assistance and support.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

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

**Good** ●

The service was responsive.

Work was on-going to improve and update the care documents within the service. People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible. Staff encouraged people to join in with social activities, but respected their wishes if they declined.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

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

**Requires Improvement** ●

Some aspects of the service were not well-led.

Record keeping within the service needed to improve. We saw evidence that care documents including fluid charts and care plans were not always accurate or up to date. Policies and procedures also needed updating to reflect current regulations and best practice guidance.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the registered manager was making progress in improving the quality of the service.

# Derwent House Residential 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.

This inspection took place on 9 and 10 November 2016 and was unannounced. The inspection team consisted of two adult social care inspectors on day one and one adult social care inspector on day two.

As part of the inspection process we contacted the local authority safeguarding adults and commissioning teams to enquire about any recent involvement they had with the service. We were told they had carried out investigations and monitoring visits in recent months looking at a number of concerns and complaints. However, they felt the management team was focusing well on improving the service and addressing all the issues raised with them.

At this inspection we spoke with the responsible individual, the human resource manager, the deputy manager and six staff. We also spoke with two visitors and ten people who used the service. We carried out observations of the service and walked around the whole building.

We spent time in the office looking at records, which included the care records for four people who used the service, the recruitment, induction, training and supervision records for four members of staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

People said they felt safe in the service and that staff were very caring and looked after them well.

We received feedback from the local commissioning and safeguarding teams prior to our inspection. They told us they had recently investigated and monitored concerns about the levels of staff and they felt the management team had concentrated well on improving staffing within the service. There were some minor issues raised with us, by people and relatives, about call bells not being answered and there being a lack of staff, but there were also some positive responses.

One person told us, "I think they could probably do with more staff as they are all the time working. However, they assist me getting ready for family visits or hospital appointments and they are alright as far as I am concerned. If I press my call bell it is not so long until they come. There are enough staff on to meet my needs." Other comments we received included, "Yes there is enough staff," "Staffing levels are very good. There are periods when it gets a bit difficult, but it does not seem to last very long. It gets a bit 'hairly' sometimes when all the bells are going, but that's understandable – emergencies create havoc" and "The staff are alright. No there are not enough [staff] going around helping people, you always have to wait for them. Some staff are better than others at responding to the call bell." However, during our inspection we saw that there were sufficient staff on duty to meet people's needs and we observed that care was given when requested or required.

We reviewed the staff rotas for a three week period and these showed consistent staffing levels were maintained. Recruitment was on-going to ensure enough staff were employed to meet the needs of people who used the service. The manager told us that finding enough nursing staff was difficult and until the service was fully staffed the service was using agency staff. The same staff were booked to aid the continuity of care for people using the service. The staff team worked well together to ensure the needs of people were not affected by any dips in staffing levels and there was a good atmosphere in the service. Staff told us, "It is a lot better than it used to be, they have hired a lot of new staff and with more staff it is easier to spend a bit more time with people."

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager. We noted there were seven recorded for October 2016. We were concerned with the tone of one record that indicated when staff had attended to one person the individual had struck out at the staff trying to assist them. The member of staff recording the incident wrote that they would not be doing

this again. This raised questions with us about this staff member's response to this person in the future. We discussed our concerns with the manager who said they would speak with the member of staff concerned. During our inspection we saw no evidence to suggest that people did not receive appropriate care and support.

The registered provider had policies and procedures in place to guide staff in safeguarding adults. The registered manager described the local authority safeguarding procedures and our checks of the safeguarding file showed that there had been eleven alerts raised by the registered manager in the last twelve months. We received feedback from the local authority safeguarding team that they had no on-going concerns about the service and the information we received and held about the service showed that CQC had been notified of all of the alerts. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included the fire alarm system, nurse call system, portable electrical items, the lift and hoists, electrical wiring and the gas system. We saw that there was a risk assessment in place for Legionella, which is a water borne virus and a water test was completed in July 2016. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

We saw that the fire risk assessment for the service was up to date and reviewed yearly. The people using the service each had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. We looked at the registered provider's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. It had been reviewed in the last year. These safety measures meant the risk of harm for people and staff was monitored and reduced as much as possible.

We looked at the recruitment files of four members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them. The registered manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.

We found that the service was clean, tidy and free from malodours, but there were areas where infection prevention and control practices could be improved. For example, we found yellow bags of clinical waste left on the floor of the sluice room, which should have gone straight out to the outside store. However, when we checked this area we found the bins overflowing and the deputy manager said they would check when the bins were due for picking up. On day two of our inspection we found the outside bin area was clean and tidy indicating action had been taken immediately to improve the waste storage problem.

Staff practices could be improved to demonstrate that they were aware of hygiene and cross infection risks.

For example, there were cleaning schedules in place, but these were mainly of a tick box variety to show when a room had been cleaned. They needed to be updated to include beds, pressure cushions and mattresses. We spoke with the manager about the need to keep a record of infections within the service and how these were handled as part of following best practice guidance. We found evidence of cleaning fluid being left in one corridor and in the activity cupboard. The manager said this was not regular practice and ensured the cleaning staff immediately removed the bottles and stored them in the locked cupboard provided for this purpose.

We recommend that the service reviews its infection prevention and control practices and that action is taken to ensure staff follow best practice guidelines at all times.

We looked at how medicines were managed within the service and checked the people's medication administration records (MARs). One person told us, "The nurse comes with her trolley and dishes out your tablets. I get mine when I need them."

We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately. Controlled drugs (CDs) were regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature.

## Is the service effective?

### Our findings

The staff told us, "Training is very good, the trainer is accessible and we are told what sessions are available. We get to shadow the senior staff when on induction and we are shown what to do, so you are not 'thrown in at the deep end'. If you are unsure of anything then you can go to the senior or the nurse and they help you. We work as one big team."

We looked at induction and training records for four members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. We also spoke with the trainer in charge of staff training and development. They told us that sessions were a mix of e-learning (computer based courses) and face-to-face training. They sent us an up to date copy of the staff training plan after our inspection. They said, "We have spent a lot of time and effort to bring the service back to family values." The trainer also told us, "I meet regularly with the manager and the responsible individual for the service. We discuss training, progress and look at what is working and what is not."

We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. We saw that a new plan for staff supervisions was in place. The training co-ordinator told us that they aimed to have supervisions taking place every two months, with more during people's inductions to help support new staff and monitor their progress. We saw that some sessions took place in July 2016, and others in September and October 2016, but many staff had only attended one session. The training coordinator said they were aware that the number of supervisions and their frequency had slipped and action was being taken to make sure these were caught up with again.

People using the service benefitted from there being a named GP for the service who visited every week on a Tuesday and a Thursday to carry out a general review of people and see to anyone needing medical treatment. People who spoke with us were positive about their access to healthcare professionals saying, "When I last felt unwell the staff recognised it and got me into hospital" and "A doctor would come out if you needed one and the staff would help you."

Some aspects of care documentation of medical conditions could be better. For example, one person whose care we looked at had type two diabetes, but there was no care plan in respect of diabetes in their file. This is considered to be best practice and the lack of a care plan meant that staff may not have up to date information to meet their diabetic needs. Discussion with the person's family indicated their diabetes was stable. The management of other medical conditions was better recorded. We saw evidence in one person's care file that their dementia needs were being monitored with meetings held with their family

about their increasing needs and behaviours. A referral had been made to the community team for mental health about their behaviours and written evidence was seen of recent visits to assess this individual. A request had also been made for the local commissioning team to reassess their needs.

Other aspects of recording could be improved such as the documentation of food and fluid charts. For example, we looked at the charts of one person using the service. We saw this person had a nutrition risk assessment in place and a nutrition care plan, but neither of these documents mentioned that the person had a food and fluid chart. There was nothing written to explain why the charts were being recorded or how much diet and fluids the person should have been consuming on a daily basis. Staff were not monitoring the person's intake appropriately as there was no totalling of the fluids each day and no action taken in response to the amount consumed or not. For example, over three days from 4 to 6 November 2016 the staff had recorded that this individual only drank 375mls, 625mls and 250mls on their charts. We went to see this person in the dining room at lunch time and found them to be well hydrated as they consumed two beakers of juice and a cup of tea with their lunch. This indicated the issue was one of recording rather than people not getting enough to drink. The manager said that they would speak with the staff immediately and ensure the records were completed appropriately. We have addressed this in the Well-led section of this report.

The registered manager had experience of dementia care and we saw that they had created a best practice folder which had the latest guidance within it from sources such as the National Institute for Clinical Excellence (NICE) and Dementia UK. There was evidence in the folder to suggest that the registered manager had been mapping staff practice and bringing about changes based on the best practice guidance. For example, they had used a social model of dementia care called 'The Butterfly Model' to focus on person-centred care on Riverview Lodge. They had also used best practice when decorating the environment on this unit.

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. The application procedures for this in care homes 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 that people on both units had been assessed for capacity, and where appropriate, DoLS applications had been submitted to the local authority. There was recording of Best Interest decisions and the service was also ensuring that families provided copies of Lasting Powers of Attorney's where they had been registered with the Office of the Public Guardian (OPG). A Power of Attorney (POA) is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare and/or decisions about finances), on a person's behalf.

Staff told us they had received training on MCA, DoLS and equality and diversity. This was evidenced in their training files. They told us about how they used this knowledge in their daily practice. Staff told us, "If a person does not have capacity then some decisions could be taken for them after a best interest meeting. Day to day life decisions can still be their own. You can involve a person's GP or community psychiatric nurse (CPN) if their mental health needs are deteriorating. You would always assume capacity and offer daily life choices."

People using the service were pleased with the way that staff treated them saying, "We have a choice of where we wish to eat our meals and what time we get up or go to bed." One person told us, "If I speak with the staff they are more than willing to help me with my care needs."

We saw three weeks of menus that were presented in both a large print and a pictorial style, making it easier for people using the service to read and understand. People told us they enjoyed the food and were satisfied with the choices they were offered. Observation of the dining room on Derwent House showed that the first impression was not inviting. The manager told us that they were replacing the glassware which was damaged by use of the dishwasher and looking at introducing table arrangements to brighten up the room.

Our observation of the lunch time meal showed that there was a relaxed atmosphere that helped people enjoy their meals. Staff were attentive, kind and respectful and second helpings were offered. We saw that people were offered a choice of meals, but when people did not like what was offered the staff were not always proactive at offering alternatives. For example, both meals were served with potatoes and peas but when one person said they did not like potato, no alternative was offered. Another person was observed taking the food out of their mouth indicating it was something they did not like or could not chew. Staff just took their plate away and gave them a pudding. We spoke with the chef following the meal and saw that there were a range of alternative meals on offer, which could have been given to these two people. The Human Resource manager told us that staff were usually very good at offering alternative meals to people and that she would speak with the staff on duty about this.

We received extremely positive feedback from relatives and people using the service about the quality and quantity of the meals provided. Comments we heard included, "The food's good; we have a good chef. If someone wants accommodating with a special kind of food, they will get it if they can." "Good food and enough to eat, we have a lovely time." "The food is very good, it can get a bit 'samey' for example, lots of sandwiches on the menu. We usually have two options for the main meal and there is food and snacks in between meals – you only have to ask." "The food is wonderful and no-one should go hungry as there is plenty available at meal times."

People were weighed on a regular basis according to their needs; this usually meant a weekly or monthly check by the staff which was then recorded in their care file. The care staff monitored their weight gain or loss and liaised with the GP, dietician and the Speech and Language Therapist (SALT) as needed. All visits and outcomes were recorded in the care files. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately.

People were accommodated over two floors. The manager told us that the gardens had recently been landscaped and we saw that new flat walkways had been created in the outdoor space, making it easier for people with mobility problems to use the gardens. People were pleased with the facilities provided and one person told us, "The service is clean, tidy and well maintained."

## Is the service caring?

### Our findings

We received very positive feedback about care staff and their support for people. We found the service to be calm and relaxed and as we walked around the building in the morning we saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather.

People told us, "The staff do have a little time to stop and chat with you and we also have a joke with them," "It's grand here, homely. Staff could not be better. You can come and go as you would at home" and "I think it is wonderful here. The staff are very caring and it is well run. They are absolutely marvellous."

We observed really caring and kind interactions between staff and people using the service. One visitor told us, "The staff relationships with my relative make such a positive difference to their daily life. They are a different person now with all the staff that come in and speak with them. They are lovely people."

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files. Staff also supported people to maintain relationships with family, friends and other people in the community.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Staff told us that they got to know about new people's preferences through reading their care files and the handover sheets completed at the start of each shift. One staff member said, "The senior care staff tell us on handover who any new people are and what they like or need help with. The handover sheet documents their needs and preferences." One person using the service confirmed that the staff were enabling and said, "You ask staff things and if they can help you they will. For example, if you want a bath they would not refuse you."

People were able to move freely around the service; some required assistance and others were able to mobilise independently. People said, "The staff help me with my wheelchair around the service" and "The staff are very good, if they cannot help you they go and get someone who can." Relatives told us that staff really cared about people using the service. They told us, "They help them with things they cannot do themselves. Their dignity is respected and staff are really supportive."

People were treated with dignity and respect. The staffs' approach was professional, but friendly and caring. Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to

them, called them by their preferred name, knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care. People told us, "If you want privacy you do get it" and "If you want privacy there is a lock on your door you can use. They always knock before coming in." Staff told us how they respected people's privacy and dignity during care. They said, "We respect their preferences for male or female care staff and ensure they are covered up during personal care. We make sure curtains are closed so people are not overlooked to preserve their dignity" and "We treat people how we would wish to be treated."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was on display in the entrance hall of the service. There was also a range of information leaflets available about whistle blowing and people's rights. People told us they did not use independent mental capacity advocates (IMCA) as they were either capable of speaking up for themselves or had a member of their family who acted in this capacity for them. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

## Is the service responsive?

### Our findings

People who used the service and relatives were very positive about the service itself and the staff. It was compared to a five star hotel on more than one occasion when we spoke with people and no-one said they were unhappy or wished to be elsewhere. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual.

Feedback from the local authority commissioning team prior to our inspection indicated that they had been working with the service over the last six months to improve the quality of care plans. They told us, "Care plans have been reviewed but there are still improvements to be made and the new manager is clear that they intend to review them all with a view to improving cross referencing, personalisation, and some detail." We saw that the work to update and improve the care plans and risk assessments was on-going and some way off completion, but progress was being made.

Three of the four care files we looked at were on the old style format and we saw that equality and diversity information was not consistently recorded in these such as religion, marital status and ethnicity. Some care plans required further information including in them such as end of life wishes and religious needs. We found that old care notes such as wound care records for healed areas required filing to make the files less cumbersome, and in one care file we found contradicting information that could be confusing for new staff who did not know the person using the service. For example, one person's communication care plan said they had capacity to make decisions but their mental capacity assessment said they lacked capacity. Please see the well-led section of the report for action that we have taken about this.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. One of the four care files was written in the new format and we could see how this was much improved compared to the old style of record keeping.

The information within the new style care file contained equality and diversity information and the care plans were written in a person-centred way. The new format recorded people's life history, skills, abilities, spiritual needs and Power of Attorney details. We saw that the new care files included documents such as 'This is me' and personal life histories so that staff had knowledge about what people liked to do, their backgrounds and people important to them. This helped staff converse with individuals and understand how they wanted their care to be delivered.

Work was on-going to document how people and families had input to the creation and reviewing of the care files. At the time of our inspection many people had signed their consent forms but there was no other evidence to show how they contributed to the care plans. However, two visitors told us that they had been involved in the care review process with the local authority, which gave them the opportunity to discuss their relative's care and support.

The registered provider employed an activity coordinator part-time, but at the time of our inspection they

were on leave. The manager told us that the service had employed an additional member of staff to provide extra hours for activities. The last record in the activity folder was 19 October 2016 due to staff being on leave. We were given hand-outs to show what activities and events had taken place since this last recording. We saw that there were daily activities taking place and discussion with people and relatives indicated they were satisfied with the activities on offer.

People told us, "I do not feel alone as there are plenty of people about. We can chat about things and do activities." "One lady organises a lot of singing and there are enough activities." "There are different activities and sometimes there are singers in the afternoon or physical activities. We have a lady minister who comes to give a service about once a month." "There are activities in the lounge most afternoons and I get my newspaper delivered each day" and "When the weather is reasonable, I like to spend a lot of time outside."

The complaints policy and procedure was on display, but it was not in a format suitable for people living with dementia. The manager said they would organise this immediately. Checks of the complaints file kept by the registered manager showed that they investigated all concerns raised with them and that appropriate action was taken where needed to resolve the issues and improve practices within the service.

One person told us, "I have no complaints about this service at all. There is always a nurse on call if you need them. The staff always listen to what you have to say and they are always cooperative and helpful. The staff are very busy and dashing about, but they have time to spend with you when you need it. They are courteous and obliging and nothing is too much bother."

## Is the service well-led?

### Our findings

We saw that the registered manager monitored and analysed risks within the service and reported on these to the registered provider. Monthly audits were completed and those for October 2016 showed that any issues were recorded in action plans and dealt with by the registered manager through staff meetings, supervisions or face-to-face discussions.

However, there remained some areas of the service that could be improved. Infection control practices, the dining experience for people using the service, the frequency of staff supervisions and record keeping within the service needed to improve. We saw evidence that care file documentation was not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm.

We looked at the policies and procedures for the service and found these needed updating. For example, the policy for administering covert medicines (this is medicines hidden in food or drink) referred to the 2010 Regulations and the recruitment policy still referred to criminal records bureau (CRB) which has since been replaced by the disclosure and barring service (DBS).

The registered manager was aware of most of these issues and was working towards continual improvement through increased staff training and development. When we discussed concerns during the inspection, the Human Resource manager took immediate action to rectify things and ensured staff were made aware of the changes needed.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and that they had an open door policy.

The statement of purpose set out the aims and objectives of the service. It documented that the service strove to be a 'safe and happy place where people have a high quality of life. Where people are able to make choices and decisions regarding their own care and what support they needed for activities of daily living.'

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by September 2016. This was completed and returned with the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

During this inspection we received positive feedback about recent improvements to staffing, the environment and positive comments about the responsible individual and the registered manager. One relative told us, "The service is improving. It was quite poor, but it is getting better all the time." People also

said, "The atmosphere here is excellent, they are very caring."

There was a registered manager in post who was supported by a deputy manager and registered nurses. The majority of people who spoke with us was able to tell us the name of the registered manager and were confident about raising any issues with them. They told us, "I do know who the manager is and if I did want to speak with them they would come and see me" and "It is very good here. It's a well-run establishment." One relative told us, "This home is good and I would recommend it to others. The management team are very open and approachable."

The environment was monitored and we saw evidence that there was on-going work to ensure it remained safe and in good repair. We saw audits for medicines, laundry, kitchen, health and safety, infection control, staff files and care plans. These were completed on a monthly basis or more often if needed and included action plans when required.

A resident meeting was held in April 2016 when the new registered manager was introduced and a staff meeting took place in June 2016. Staff completed daily handover sheets and the heads of departments attended daily meetings; these helped maintain communication between senior and junior staff. One member of staff told us, "Staff meetings vary, if there are any issues we use this time to discuss staff practice, but we have regular meetings as well." The last senior care/nurses meeting was held in September/October 2016 where the changes taking place in the service around practice and the environment were discussed. The staff said, "It takes time for staff to get on board with the changes. The atmosphere and morale of the workforce can fluctuate, but on the whole they are positive about the future and there has been a noticeable improvement to the service since the new manager took over. The service is really moving forward." Another member of staff said, "We have little group meetings on shift and there are staff meetings every two months. It would be nice to have these more often."

Satisfaction questionnaires were sent out in June 2016 and people and relatives gave positive feedback about the care and the staff. We saw evidence that feedback was given to people following the completion of satisfaction surveys and attendance at meetings. This was confirmed by one person who told us, "Staff do listen to you here. I was asked for feedback about the service at the last meeting three weeks ago."

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service.
Treatment of disease, disorder or injury	Regulation 17 (2) (c)