Abbeyfield Society (The)

Kenton House

Inspection report

70 Draycott Avenue
Kenton
Harrow
Middlesex
HA3 0BU

Tel: 02089076711
Website: www.abbeyfield.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

This inspection of Kenton House took place on 4 and 6 January 2017. The first day of the inspection was unannounced; the provider knew we would be returning on the second day.

At our previous inspection on 14 October 2014 the service was rated good and met regulations.

Kenton House is a care home registered to provide personal care and accommodation for 11 older people who may also be living with dementia. There were eight people using the service including one person who was in hospital at the time of our inspection. The home is located in Kenton on the outskirts of Harrow and has access to public transport and there are a range of shops within walking distance of the service.

The care home had a registered manager at the time we inspected the service, however they had recently left the service and applied to deregister with us. This process was completed by us on 9th January 2017. 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. A registered manager from another of the provider's services and the business manager were providing management support to the service at the time of our inspection.

People using the service and their relatives informed us they were happy with the service but raised some concerns about the home not having a permanent manager. A person using the service told us they missed having a manager and would like a manager to be in place as soon as possible.

Staff were appropriately recruited. Staff received some training to enable them to be skilled and competent to carry out their roles and responsibilities. However, records showed not all staff had completed or were up to date with the provider's mandatory and refresher training. Staff told us they were well supported by senior staff but records did not show care staff had received regular one-to-one supervision to support them to carry out their roles and responsibilities.

Staff had some understanding of the Mental Capacity Act 2005 (MCA). They were aware of the importance of gaining consent for the support they offered people. People were encouraged and supported to make decisions for themselves whenever possible. Staff knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care, treatment and/or other aspects of their lives.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The documentation of one person's DoLS was not available and the provider did not show they had followed the requirements under the act to ensure an application to deprive another person of their

liberty had been authorised by a local authority.

Although checks were carried out in some areas of the service there was a lack of effective systems in place to comprehensively regularly assess, monitor and improve the quality of the services provided for people. There was no indication that feedback from people was sought to assist in the evaluation and improvement of the service.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. They knew how to recognise abuse and that it needed to be reported to management staff but some care workers needed prompting before telling us they could inform the local authority safeguarding team if senior staff took no action.

People were cared for by staff who treated them with respect and engaged with people in a pleasant and courteous manner. Throughout our visit we observed caring and supportive interaction between staff and people using the service. Staff respected people's privacy and dignity and understood the importance of confidentiality. People were supported to choose and take part in a range of activities and had the opportunity to choose what they wanted to eat and drink.

People had their medicines stored and managed safely. They received the medicines they were prescribed.

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. Accidents and incidents were addressed appropriately.

Staff were aware of people's individual needs which were documented within each person's care plan. People were provided with the support they needed to maintain and develop links with their family and others important to them.

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. When people were unwell staff were responsive in making sure people received the medical treatment and care they needed.

The environment was accessible for people who used wheelchairs and/or walking frames. A passenger lift provided people with mobility needs access to the first floor facilities.

During this inspection we found three breaches of Regulations relating to staff training, supervision, DoLS and good governance. 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?

Good

The service was safe. Staff knew how to recognise and respond to abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered to people safely.

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

There were some areas of the service that was not effective. It was not evident that all staff received the training and supervision they needed to enable them to carry out their responsibilities in meeting people's individual needs.

DoLS authorisations were not in place for people whose liberty was being restricted.

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

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Is the service caring?

Good

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people and encouraged and supported them to make choices and be involved as much as possible in decisions about their care.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their individual needs.

People were supported to take part in a range of recreational activities.

People and their relatives were knew how to make a complaint and were confident it would be addressed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Requires Improvement

There were aspects of the service that were not well led. There was no permanent registered manager running the service and carrying out the full range of management duties.

People's relatives and others who had contact with the service spoke positively about the staff and service provided to people. However, effective systems were not in place to show people using the service and those important to them had their feedback about the service sought with the aim of improving and developing the service.

There were some audit and review systems in place but checks to monitor the quality of the service were not comprehensive and effective in promoting improvements and developing the service.

Kenton House

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.

The inspection was carried out by one inspector 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 the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. We also looked at the Provider Information Return [PIR] which the registered manager 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 business manager during the inspection.

During the inspection we spent time observing how people were supported by staff and we spoke with the seven people using the service. We also spoke with the business manager, acting manager, finance officer, senior care worker, two permanent care workers, an agency care worker, activity co-ordinator, a cook and a housekeeping member of staff. In addition, we spoke with two relatives of a person who had used the service and a healthcare professional. Following the inspection we obtained feedback about the service from five people's relatives and a healthcare professional.

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.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. Comments from people included "Yes, I feel safe here" and "Things seem to be safe, I would tell staff if I saw anything unsafe." Relatives of people told us they felt people were safe and said they did not worry about people's day to day safety. They told us they would inform staff if they had concerns about people's well-being. Comments from relatives included "I think my [relative] is safe and well looked after," "I don't have any concerns about [Person's] safety" and "[Person] is absolutely safe."

There were policies and procedures in place, which informed staff about the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Care workers knew about whistleblowing procedures and were able to describe different kinds of abuse. They informed us they had received training about safeguarding people and training records confirmed this. Staff we spoke with told us they would immediately report any concerns or suspicions of abuse to management staff and were confident that any safeguarding concerns would be addressed appropriately by them. However, four staff needed to be prompted before telling us that if no action was taken by senior staff they could report abuse to the local safeguarding team, CQC and the police. A person using the service told us they would tell staff if they were worried or unhappy about anything.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Care workers told us they felt there were enough staff on duty to meet people's needs and to provide them with the opportunity to go out with staff if they wished. We found sufficient staff were deployed during the inspection to provide people with the care and support they needed. Care workers had time to spend one to one time with people, answered call bells promptly and were available when people needed assistance. A person's relative told us there seemed to be enough staff on duty whenever they visited the service.

An agency care worker worked during both days of the inspection, which we were told was due to staff sickness. The agency worker told us she had worked in the home several times and knew people using the service well. This indicated the service promoted continuity of care by taking steps to ensure they employed agency staff who were familiar to people using the service and understood their needs.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. People's 'Personal Risk Screening tool' included risk assessment and risk management guidance for a selection of areas including; falls, bedroom environment, infection control, mobility, medicines and finances. Although records showed people had personal care plans we did not see records of individual bathing/showering risk assessments and risk control measures to support people's safety when bathing. A senior care worker told us that they would promptly put these in place. Accidents and incidents were recorded and addressed appropriately.

There were systems in place 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 regular checks of the water system to check for Legionella bacteria, fire safety, gas, electric systems and thermostatic mixer valves. Control of substances hazardous to health [COSHH] such as cleaning products were kept securely.

Fire action guidance was displayed. Each person had a personal emergency evacuation plan [PEEP]. The fire risk assessment had last been reviewed in 2015, the business manager told us she had made arrangements with a service contractor for this to be reviewed. Regular checks of the fire alarm were carried out. However we found no recent records of fire drills. The business manager told us a fire drill would be carried out.

People received a range of support with the management of their finances. Details of the people such as relatives and solicitors who provided people with support with their finances were written in people's care plans. Records showed the registered manager and finance officer had checked people's finances regularly and two staff signed records of people's expenditure. Records showed following an audit, action had been taken to make improvements to the management of people's monies.

We checked the management of four people's monies and saw appropriate records were maintained of people's income and expenditure. However, the balances of two people's monies did not match the records; one person's cash was higher than the written balance. The finance officer told us they would carry out a check of all the monies of people using the service and address the issue.

The four 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 employee had a criminal record or had been barred from working with people who needed care and support.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. People's care plans included information about the help they needed with their medicines. The three medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed. A person using the service spoke about their medicines and confirmed they received them on time every day. Staff told us and records showed appropriate action had been taken including informing a doctor when a person refused their medicines. Regular checks including a recent audit of the medicines management and administration systems had been carried out and action taken to make improvements when needed.

Care workers administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed there had been general medicines staff competency assessments carried out but we did not see any which were specific to the service. The business manager told us these would be developed and implemented. Staff had access to an up to date pharmaceutical reference book and computer where they could look up medicines they were not familiar with. We observed a senior care worker administering medicines to people in a considerate and safe manner. A person using the service told us "I get my medicines on time."

The home was clean. Housekeeping duties were carried out by a part time domestic member of staff. They told us about their role in making sure the home was always clean and informed us they had received infection control training. Soap and paper towels were available at hand washing facilities. Staff had access to protective clothing including disposable gloves and aprons. A foam hand cleanser located in the reception area was available to staff and visitors.

The service had recently received a food hygiene rating of very good when it was inspected by the Food Standards Agency.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the care and support they received from staff, who they said were kind to them. Care workers spoke in a positive manner about their experiences of working in the home. They were very knowledgeable about the needs of the people using the service and told us about the care they assisted people with. Relatives provided us with positive feedback about the staff who they told us were welcoming and seemed competent. People's relatives told us "Staff seem to understand [Person's] needs" and "[Person] is well looked after."

Care workers informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. A care worker commented that they had found their induction to be "very good." The service had not yet introduced the Care Certificate induction [sets the standard for the fundamental skills and knowledge expected from staff within a care service] for new care workers.

Training records showed staff had completed training in some areas relevant to their roles and responsibilities. This training included; safeguarding adults, moving and handling, Mental Capacity Act 2005, safe handling of medicines, health and safety, fire safety, infection control and food safety. Some staff had also received training in other relevant areas including; dementia awareness, personal care and risk management, nutrition and well-being and end of life care. Care workers told us and records showed some care workers had completed vocational qualifications in health and social care which were relevant to their roles.

However, when we checked staff training records we found some staff had not completed training required by the provider such as care planning, first aid at work, diabetes, continence awareness, and Parkinson's awareness. Also some staff had not completed refresher training in some topic areas, for example training records showed seven staff had not received refresher moving and handling of people in 2016 and a care worker had not completed medicines refresher training in 2016. We noted one person using the service had a particular medical condition that presented a range of symptoms including unsteadiness when walking, which was a subject which the provider required care staff to receive learning about. Records did not show any staff had received this training.

Records also showed that a care worker who had been employed since February 2016 had not completed all of the provider's mandatory training. This and other training deficiencies found showed staff did not always receive the training and learning necessary to provide them with the skills and knowledge to enable them to meet people's needs effectively. We noted from a quality assurance action plan in early 2016 that deficiencies in training and the need for care workers to complete the Care Certificate had been identified by a senior manager but there was no indication from records that these issues had been addressed by the previous manager. This indicated that although training was monitored the systems to ensure all staff received the induction and training they needed were ineffective.

Staff supervision provides staff with support, reflection and analysis of their role and responsibilities that is focused on the needs of people using the service. Care workers told us they felt well supported and had received formal supervision from the registered manager to discuss their progress and the needs of people using the service. However, records did not show that care workers had received regular one to one supervision in 2016 and also indicated that one care worker had not received any formal supervision during that year. An activities co-ordinator who had been in post for a few months had also not received formal supervision. The lack of staff supervision could indicate staff were not receiving the support necessary to enable them to carry out their duties effectively. The business manager told us following the inspection they had tried to locate supervision records that had been completed by the registered manager [who had now left the service] but had been unable to do so.

The deficiencies found in staff induction, training and supervision showed there was not an effective system to place to confirm that staff received regular appropriate training and supervision necessary to enable them to carry out their roles effectively.

The above identified training and supervision issues identified were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care workers we spoke with and the business manager knew about the requirements of MCA and DoLS. They knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. However, there were two people who we were told by staff were not free to leave the home without supervision by family or staff. The business manager informed us that one of these people were subject to a DoLS, however, there was no record of the person's DoLS authorisation, details of when it expired, whether there were any legal conditions attached and when the DoLS needed to be reviewed by the local authority. This lack of information for staff could have resulted in the person not having received the care and support they needed and unnecessary restrictions placed upon them regarding their DoLS. Following the inspection the business manager informed us they had asked the local authority to supply them with a copy of the person's DoLS, and would be applying for authorisation of DoLS for the other person.

We saw that people including visitors could not leave the home via the front door until the door was unlocked by staff. Staff informed us that most people living in the home were free to leave but chose not to do so. We discussed this with the business manager who informed us each person's needs would be risk assessed, consent, safety and restraint would be considered in regard to each individual, and those with the mental capacity to come and go freely through that locked door would be supported to do so.

The deficiencies regarding the management of DoLS and lack of individual assessment of people's needs concerning the locked front door were issues that showed the provider was not always acting in accordance with the Mental capacity Act 2005 and associated code of practice.

The above identified issues were a breach of Regulation 13 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Care workers 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 care workers involving people in making day to day decisions which were respected. People's relatives told us they felt involved in decisions about people's care and treatment. People's care plans identified areas were they needed support, such as with the management of their finances.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. People had 'hospital passports' which contained the information that hospital staff required to help them provide people with the care and treatment they needed. Records showed people received health checks and had access to a range of health professionals including; GPs, chiropodists, dentists, and opticians to make sure they received effective healthcare and treatment. A health care professional told us staff seemed to be competent, communicated with them well and followed any advice they gave about people's treatment.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated. The cook and care workers had knowledge and understanding of people's individual nutritional needs including particular dietary needs, food allergies and personal food preferences. People's weight was monitored closely. Care workers knew to report significant changes in people's weight to senior staff and to make an appointment with a GP if needed. People were offered a variety of drinks throughout the day.

Most people were positive about the meals. A person told us they had chosen their breakfast and told us they liked the meals. However, one person said they felt the quality of the food could be better. During the inspection we saw people were offered a choice of meals and their preferences were accommodated. Details about the meals of the day were displayed in written format. A pictorial menu could assist in making the menu accessible to people who due to their needs might have difficulty reading.

The environment of the home was suitable for people's varied mobility needs. The service has a passenger lift so people unable to use stairs could access their bedrooms and other facilities located on the first floor. There was distinct picture signage throughout the service indicating the usage of each room such as bathrooms and dining area to support people's orientation within the service. People told us they were happy with their bedrooms, which we found were personalised with items of their choice.

Records showed that maintenance issues had been addressed promptly. We found that the lounge felt rather warm during the inspection, and a person using the service commented that it felt hot in the room. The temperature was adjusted to within a more comfortable range and a senior care worker told us they would arrange for a thermometer to be located in the lounge so they could monitor the temperature better.

Good

Is the service caring?

Our findings

People told us staff were caring. Comments from people included; "They [staff] are nice" and "I am happy." Comments from relatives included "Staff are considerate, caring polite and friendly," "Staff are very nice," and "They [staff] are absolutely caring."

During our visit we saw positive engagement between staff and people using the service. Staff interacted with people in a respectful manner. Some care staff were particularly approachable with an open and friendly manner. Care workers told us they knew people well and had developed very good relationships with them. From observation and talking with staff we found that staff had a good understanding of people's individual needs and preferences. People's care plans included a profile about each person including their 'life history' to help staff understand their individual needs. During the inspection care workers encouraged and praised people. The service operates a key worker system. A person using the service told us about their keyworker who they told us supported them in a range of areas in their life, such as buying toiletries and discussing their care needs with them.

People confirmed they were involved in decisions about their care and were happy with the care they received. A person using the service told "They ask me questions about what I want, I feel involved." The activities co-ordinator asked people what they wanted to do, and they provided them with a range of activity options and accommodated their preferences. A care worker told us they always showed a person using the service several items of clothes so they could choose what they wished to wear. Another person told us they chose when to go to bed. We saw people changed the channel of the communal television when they wished to do so. People who chose to eat their meals in their bedroom had their choice accommodated.

Care plan records showed people were supported to retain their independence, such as being encouraged to continue to carry out their own personal care with minimal support from staff. A care worker told us one person using the service liked to be involved in day to day tasks including writing the day's menu on the display board and another person enjoyed participating in cleaning tasks which were both supported by the service. However, a person using the service had during our previous inspection been supported by staff to carry out a role of carrying out checks of the environment for health and safety deficiencies but during this inspection they told us they were no longer supported to complete this role. They told us "It's all been quiet." When asked if they would like to recommence the role they said "Yes." We discussed this with the business manager.

Care workers understood people's right to privacy and we saw they treated people with dignity. Care workers knew about the importance of respecting people's confidentiality. They knew not to speak about people other than to staff and others involved in people's care and treatment. Care workers knocked on people's bedroom doors and respected people's choice when they chose to spend time by themselves. Two people chose to spend most of the time in their room, another person chose to go to their room and rest after lunch listening to music.

People told us and care plans showed people were supported to maintain the relationships they wanted to have with friends, family and others important to them. People told us their relationships with family and friends were very important to them. One person's care plan showed they regularly had telephone contact with a relative.

Staff told us they were provided with the support they needed when people using the service died. They told us about the support they had provided to people using the service following the recent death of a resident. During the inspection a person using the service attended the funeral of a person who had used the service. The person told us they were glad they had been provided with the opportunity to attend the funeral as they had known the person well and considered them a friend.

Care workers and people using the service confirmed that religious festivals were celebrated. A care worker told us a representative of a religious faith regularly visited the home. A person using the service confirmed this. People told us they had their birthdays celebrated in the home.

Care workers had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. They knew about a person's particular religious needs and records showed the person had these needs met.

Good

Is the service responsive?

Our findings

People told us and records showed people's needs were assessed with their participation and when applicable with their family involvement, prior to them moving into the home. A person's relative confirmed they had participated fully in the initial assessment of a person's needs and were kept well informed about their progress. People's relatives told us "They [staff] always update me about [person] when I visit," "Care is very good," "If anything happens to do with [person] we get informed. They let us know," "They got a doctor for [person] when they were unwell" and "Yes they are responsive."

A shift leader [usually] a senior care worker made sure people received the care they needed and that day to day tasks were completed. A staff communication book showed staff kept each other well informed about people's needs. Staff signed to indicate they had read the communication messages.

Care workers told us and records showed people's needs were monitored on a day to day basis and during the night. Care workers informed us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. Care records were completed during each shift and included details about the activities people took part in, the food people ate and any changes in people's health, mood and care needs so staff had up to date information about people's current needs. A care worker told us that they were kept well informed about people's needs and had recently received guidance from senior staff about the need to support a person with repositioning more frequently.

Care plans identified the support people needed with their care and other aspects of their lives and included information about the care and support people needed and how this should be provided. The four care plans we looked at of people living permanently in the home contained detailed information about each person's health and care needs, what was important to them and their preferences, abilities and religious needs. For example, we saw that a person had a specific care plan for the management of their personal care needs. The care plan included information about the person's individual preferences and details about their need to be reminded to brush their teeth. Care workers we spoke with were knowledgeable about people's care needs and the support they required.

We were told two people were receiving respite care. Their care summary records included up to date information about their care needs and a range of risks including falls. However, both people had been living in the home for several weeks and could have benefitted from more detailed care plan information. For example one person had not had a personal profile completed and although there was a mobility assessment there was not a specific care plan about a medical need that could affect the person's mobility. The senior care worker told us they had plans to develop these people's care records into more detailed care plans and would do so promptly.

People's care plans had been reviewed regularly by staff. These included monthly reviews of each person's care plans, which had been updated when people's needs changed. People told us they felt involved in their care and records showed one person had regularly had the opportunity to feedback about their care. However, there was little indication from other people's records that people had participated in the monthly

review of their care needs. People's relatives confirmed they were kept informed of people's progress and of any changes in needs.

Records showed staff were very responsive to changes in peoples' health and behaviour needs. Staff promptly ensured people were seen by a doctor and/or admitted to hospital when they were unwell. Records showed a person was monitored more closely and reassured by staff when their behaviour indicated they were particularly anxious following the death of a person using the service.

A health professional told us that advice and guidelines were followed consistently and the sharing of important information within the service was good.

A part time activities co-ordinator had recently been employed by the service. They told us about their role and the plans they had to develop the range of activities including arranging more community outings. People's activity preferences were recorded in their care plan and people had an individual activity plan. One person's choice to attend a day centre was accommodated. People told us and records showed people were offered a range of social activities in-house or in the community. These included going on walks, shopping, quizzes, exercises, singing and music events. Pupils from a local school visited the service. They spoke with people, played board games and on occasions sang songs. A person told us about the activities they had enjoyed, which included shopping at the local shopping centre and attending parties arranged to celebrate festive occasions. During the inspection, people took part in an exercise session, discussion about the day's news and a quiz. Some people watched television or listened to music in their bedroom. Staff also spent time participating in one-to-one activities with people.

The service had a complaints policy and procedure for responding to and managing complaints. People using the service told us they would speak with staff and/or their relatives if they had a concern or a complaint and were confident that they would be listened to and appropriate action taken. People's relatives knew what to do if they had a complaint or concern about the service but were unsure about whether they had received details of the policy. A person's relative told us "If I had a complaint I would contact head office."

Care workers knew they needed to take all complaints seriously and report them to management staff. There were no complaints recorded. The business manager was aware of the importance complaints could be in the development and improvement of the service. They told us they would take steps to develop people's awareness of the complaints procedure and support and encourage people to raise any concerns/complaints they had which would be addressed appropriately. We saw a written recent compliment about the service, "[Person] was very happy with you. Thank you for treating [person] with kindness and dignity."

Requires Improvement

Is the service well-led?

Our findings

People spoke in a positive manner about the service they received but told us they felt there should be a manager in place. Comments from people using the service included; "I am happy here," and "It's fine it suits me at the moment." People's relatives also spoke well about the service and told us they were satisfied with the service people received. Comments from people's relatives included; "I find it [the service] to be very good," and "It seems a good home." A person's relative told us they felt the registered manager [no longer managing the service] had communicated with them well and been approachable.

The service did not have a registered manager. The registered manager had left the service approximately two weeks before the inspection. The business manager told us they were in the process of recruiting a new manager for the service. A registered manager [acting manager] from another of the organisation's services and a business manager were providing management and operational support to the service. Most of the relatives we spoke with had not been aware that the registered manager had left the service and were surprised that they had not been informed by the provider. A person's relative commented they were concerned about the number of changes of manager during the past two years. People's relatives told us "There seem to be frequent changes of manager," and "I am concerned there is no registered manager, but I am not concerned about [Person's] safety."

The acting manager knew the home well and had spent time running the service when a previous manager had left the service. They told us they visited the home at least once a week and were available to provide advice and support to staff via the phone. They were aware of people's needs and told us they had recently been contacted when a person felt unwell and had provided the advice staff had needed. A senior care worker and another care worker informed us they felt well supported and confirmed that staff were able to receive the guidance they needed from management staff to ensure people had the service they needed and wanted. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the acting manager and/or business manager.

We discussed with the business manager the needs of the service and deficiencies found in some areas including; ineffective quality assurance systems, and lack of DoLS, fire drills and some inaccurate records. This indicated a need for review of the current management arrangements to demonstrate effective management and running of the service.

We found some records were inaccurate and others not available. The staff rota showed senior care workers and care workers work a range of shifts. However, the rota did not record the exact hours the domestic member of staff and the activity co-ordinator worked and did not show when the acting manager and business manager were in the service. The staff rota 12th December 2016-1st January 2017 had not been updated to show that the registered manager was no longer working in the service, which indicated the records were inaccurate.

A care worker told us they had taken part in team meetings and felt able to "speak up" about their views of the service whenever they wanted to. However, there were no records of staff meetings and some staff

supervision records were unavailable so it was not clear that staff were provided with the opportunity to receive information about the service, and had the opportunity to discuss people using the service and best practice topics with management staff.

The business manager told us that the provider obtained feedback from people about the service annually. We found a recent record [10/11/16] of one person using the service saying they were happy with the service. However, we found no record of people's [and those important to them] views having been sought via feedback surveys. We also saw no records of residents' meetings, key worker meetings or other documentation that indicated people using the service had received opportunities to provide their views of the service.

People and relatives told us they had not received a questionnaire or been asked for their feedback. One person's relative told us they did not like to fill in feedback forms, so did not mind not having received a survey, particularly as they received regular feedback about a person using the service. They confirmed they had not been asked for their feedback in another way. One relative told us "I have not recently been asked for feedback." Other people's relatives told us they had not ever been asked for feedback about the service. The business manager told us they would ensure that in the near future provide people's relatives and staff with the opportunity to complete a feedback questionnaire if they wished to do so.

The service had a range of policies, however when we asked to look at a policy we were only able to view it electronically. We did not see records that indicated staff had read any relevant policies and procedures so it was not clear that staff were aware the guidance within policies that they should follow, for example some care workers were not clear about reporting abuse to other agencies.

Although staff were aware of reporting faulty window restrictors we found regular checks of them were not being carried out. There was no record of cleaning duties carried out in areas other than the kitchen.

An assessment of the environment of the service was carried out on the 10 March 2016 to check whether the premises was 'dementia friendly' and met the needs of people living with dementia. An action plan had been completed which included timescales and details of the action needed to resolve the deficiencies found and to make improvements. However, it was not clear from the records we were provided with whether the action plan had been accomplished.

We were provided with a record of the last quality assurance check carried out by a senior manager. The check was dated July 2016 and showed a range of deficiencies to do with areas of the service including; staff training, policies and procedures, care plans, menu, DoLS and feedback from people. An action plan from that visit had been developed in response to deficiencies found and had been reviewed and showed some shortcomings had been resolved. However, there were several actions that had not been completed such as the registered manager carrying out monthly evidence monitoring of the service and competency checking of care and senior staff. Some actions did not have timescales in place to show when they needed to be fulfilled, which did not indicate resolve to improve the service for people promptly.

The above deficiencies were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that there were some regular checks to monitor the quality of the service carried out. These included checks of the medicines, people's finances, training, fire alarm tests, 'daily' checks of the cleanliness of kitchen environment and hot food and fridge/freezer temperatures. Regular servicing checks of thermostatic mixer valve hot water outlets, passenger lift and moving and handling hoist were also

carried out.

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the service had a culture of openness and co-operation with a range of health care and social care professionals. Records indicated that the service worked closely with them and followed their advice and guidance to provide people with the care they needed. Two health care professionals provided us with positive feedback about the service.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider did not receive appropriate training and supervision as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a).