Gainsborough Care Ltd

Redcote 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 10 and 11 April 2018. Redcote Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Redcote Residential Home is registered to accommodate up to 28 older people in one building. Some of these people were living with dementia. At the time of the inspection, 26 people were using the service.

A registered manager was present during the inspection. 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.

During the home's previous inspection on 20 August 2015, we rated the home overall as 'Good' although the service was rated as 'Requires Improvement' for the question, 'Is the service safe?' During this inspection, we found some areas of concern and the overall rating has now changed to 'Requires Improvement'. The details of the reasons why are explained in the summary below and in the body of the main report.

People felt safe living at the home. Staff understood the processes for protecting people from avoidable harm. People's medicines were managed safely however, protocols for the consistent administration of 'as needed medicines' were not always in place. The risks to people's safety had been assessed and care plans were in place to support people safely. There were enough staff to keep people safe, however the staff were not always deployed appropriately, which could place people at risk. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager. The home was clean and tidy.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines, although guidance for some conditions such as Parkinson's disease was needed. People were supported by trained staff who had their performance regularly assessed. However, few staff had received an annual appraisal of their work. Staff felt supported by the registered manager. People spoke positively about the food; however, the lunchtime experienced was unorganised with some people waiting longer for their meals than others.

The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored. However, information for people within the home about their health conditions was limited. The environment had been adapted to ensure people who had mental or physical disabilities were able to lead fulfilling lives. However, more directional signage was needed to support people living with dementia to orientate themselves independently around the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice, although some

assessments of people's capacity to make decisions required more detail.

People and relatives liked the staff and found them to be kind, caring and respectful. Staff treated people with dignity and respected their privacy. People felt able to make decisions about their care and felt the staff respected those decisions. People were encouraged to lead as independent a life as possible. People were provided with access to an independent advocate if they needed one, although information about how to do so independently was not available.

People's care records were person centred and guidance was provided for staff on how each person would like to be cared for. Some records required older information to be removed to avoid conflicting information. People felt their personal preferences and choices were respected. People were cared for without discrimination and systems were in place to support people who had communication needs. People were encouraged to take part in group activities and activities that were important to them. People felt able to make a complaint and were confident it would be dealt with appropriately. End of life care was not currently provided, however, systems were in place to support people with this if they needed it.

The home was led by a caring registered manager who was well liked by all. However, the quality assurance processes that were in place to continually assess the quality of the service people received were not always effective. They had not identified the concerns raised during this inspection. Input from the provider was limited and the performance of the registered manager was not formally assessed. People felt able to give their views about the service. Staff felt valued and able to give their views although formal team meetings were not in place. The registered manager was keen to develop the role and skills of the deputy manager. Staff were not always held accountable for their actions.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this 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?

Requires Improvement

The service was not consistently safe.

People felt safe living at the home. Staff understood the processes for protecting people from avoidable harm.

People's medicines were managed safely however, protocols for the consistent administration of as needed medicines were not always in place.

The risks to people's safety had been assessed and care plans were in place to support people safely.

There enough staff to keep people safe, however the staff were not always deployed appropriately, which could place people at risk.

Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager. The home was clean and tidy

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines, although further guidance was needed for some conditions.

People were supported by trained staff who had their performance regularly assessed. However, few staff had received an annual appraisal of their work.

People spoke positively about the food, however the lunchtime experienced was unorganised at times.

Information for people within the home about their health conditions was limited.

The environment had been adapted to support independent living although more directional signage was needed.

People were supported to make decisions however, the appropriate legal guidelines to do so had not always been followed.

Is the service caring?

Good

The service was caring.

People and relatives liked the staff and found them to be kind, caring and respectful. Staff treated people with dignity and respected their privacy.

People felt able to make decisions about their care and the staff respected those decisions.

People were encouraged to lead as independent a life as possible.

People were provided with access to an independent advocate if they needed one, although information about how to do so independently was not available.

Is the service responsive?

Good

The service was responsive.

People's care records were person centred and guidance was provided for staff on how each person would like to be cared for.

Some records required older information to be removed to avoid conflicting guidance.

People felt their personal preferences and choices were respected. People were cared for without discrimination and systems were in place to support people who had communication needs.

People were encouraged to take part in group activities and activities that were important to them.

People felt able to make a complaint and were confident it would be dealt with appropriately.

End of life care was not currently provided, however, systems were in place to support people with this if they needed it.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The quality assurance processes that were in place to continually assess the quality of the service people received were not always effective.

Staff were not always held accountable for their actions.

The home was led by a caring registered manager who was well liked by all.

Input from the provider was limited and the performance of the registered manager was not formally assessed.

People felt able to give their views about the service. Staff felt valued and able to give their views although formal team meetings were not in place.

The registered manager was keen to develop the role and skills of the deputy manager.

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

This comprehensive inspection took place on 10 and 11April 2018 and was unannounced.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided. We had received some information of concern about infection control procedures at the home. This informed our inspection planning.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of an 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.

During the inspection, we spoke with 12 people who used the service, five relatives, five members of the support staff, a domestic assistant, the cook, the deputy manager and the registered manager.

We looked at the records relating to 18 people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints. We asked the registered manager to send us their training matrix and some specific policies and procedures. They also sent us an update on the actions they had already taken to address the concerns within this report.

Requires Improvement

Is the service safe?

Our findings

People were happy with the way staff supported them with their medicines. They told us they got them on time and when they needed them. We observed staff administer medicines safely, ensuring people took them when required. People's medicine administration records (MAR) had been completed, detailing when people had or had not taken them. Handwritten entries on people's MAR were double signed to ensure information had been recorded correctly to reduce the risk of errors. People's MAR also contained details of people's allergies and their care records contained details of how they liked to take their medicines.

However, there were some areas where improvements to the management of people's medicines were needed to keep people safe. When people required medicines to be given on an 'as needed' basis, protocols for their safe and consistent administration were not always in place. These types of medicines can be used for the management of significant pain and reducing agitation. The reason why they have been administered should be recorded and then reviewed to ensure they were administered appropriately and in line with agreed guidance. This did not always take place. However, we noted from the records we looked at that these medicines had not been administered frequently and therefore people's safety was not placed at immediate risk. The registered manager assured us they would review this process. After the inspection they forwarded us a new protocol, which staff would now be completing for all as needed medicines.

There was limited space to store people's medicines. Currently all medicines were stored on a locked trolley and then stored in a small locked cupboard under the stairs. We also noted that controlled drugs were stored in a lockable, small cabinet inside the registered manager's office. This cabinet was bolted to the wall for extra security; however the registered manager acknowledged that the controlled drugs could be secured more safely, inside another locked cabinet. This would further reduce the risk of people accessing drugs that could cause them harm. They told us they would address this.

Records showed staff had their ability to administer medicines assessed to ensure they did so in line with current best practice. Records also showed that the temperatures of the areas where medicines were stored were recorded to ensure their effectiveness was not altered due to too high or too low temperatures. Records showed the levels were within the safe limits.

People felt safe living at the home. They told us staff supported them in a way that made them feel safe. One person said, "I feel very safe here the surrounding areas are safe and the staff do anything for you." Another person said, "I feel extremely safe here at home I was constantly falling and I have not fallen over here at all. Some of the staff are exceptionally good."

People were supported by staff who understood how to protect people from avoidable harm and to keep them safe. A safeguarding policy was in place and staff knew who to report any concerns to. The registered manager was able to explain how they ensured people were protected and if they had concerns about people's safety who they would report them to. However, we noted guidance for people to report concerns about their or other's safety was not provided. This meant if people wished to report concerns to external agencies they might not have been able to do so. The registered manager told us they would make this

information available form people.

The risks to people's safety had been assessed and care plans put in place to enable staff to support people safely and without unnecessary restrictions. These assessments included people's ability to manage their own personal care, to eat and drink without support, whether they could reposition themselves and their ability to mobilise around the home. We also noted nationally recognised assessment tools had been used to assess the risks associated with people's nutrition. These assessments were then reviewed to ensure they continued to meet people's current needs.

We noted environmental assessments were also carried out. This included the regular testing of fire safety equipment and servicing of gas installations. Guidance was in place for staff to ensure they used people's equipment safely. Equipment used to support people such as wheelchairs and hoists were regularly serviced to ensure they were safe. Plans to evacuate people safely in an emergency were also in place and reviewed.

People told us they felt there were enough staff in place to support them. One person said, "There is always somebody about. I can call them from my bed or from my chair here they don't take long to come at all. I buzz them when I am ready to go down for breakfast. They are very quick." A relative said, "There are always people coming to see if [my family member] is ok."

There were plenty of staff available to support people throughout the inspection. Call bells were responded to in good time. However, we noted the deployment of these staff was unorganised at times, with no clear process of who should be working where and when. One staff member told us there were times when there seemed to be many staff in one area of the home and our observations confirmed this. We noted on the first day of our inspection that almost all care staff and the deputy and registered managers went for their break at the same time, in the communal dining room. This meant people were left for a period of at least twenty minutes in the front lounge without a member of staff checking to see if the three people in there were safe. The deputy manager told us staff could see into the lounge and would be able to respond if needed. We did not agree. We looked into this lounge during this break period and only part of the room could be seen. We raised this with the registered manager who accepted that this process could place people at risk. When we returned on day two of the inspection, we noted less staff took their break together and the front lounge was now constantly monitored. After the inspection the registered manager informed us that the staff break process had been amended and they assured us all people were safe.

Robust recruitment procedures were in place that ensured the risk of people receiving care and support from unsuitable staff was reduced. We reviewed three staff files and records. Criminal record checks had been carried out and proof of identity and references had been requested before staff commenced working with people.

People's care records were detailed which ensured that when people required a visit to their hospital or other health or social care service, information was available to aid the transition. This would enable those services to provide people with the care and support they needed quickly.

People told us they felt the home was clean and tidy. One person said, "It is clean yes. It's like home." Another person said, "The staff clean my room every day, they come right away if they are needed."

The home was clean and tidy and each person's bedroom was cleaned daily. Domestic staff were able to explain how they ensured all areas of the home were cleaned, with regular deep cleaning of the home taking place. They told us when a new person came to live at the home; their bedroom was deep cleaned before they moved in. We noted there were clear procedures for ensuring people's laundry was managed

appropriately. An infection control policy was in place and staff had received training designed to reduce the risk of the spread of infection.

Reviews of the accidents and incidents that occurred took place. Care records showed advice had been requested from external health professionals when risks to people's safety had been identified. When needed, changes to people's care records were made to reduce the risk of them reoccurring. This also included referrals to falls specialists and occupational therapists. All decisions relating to the investigation of accidents and subsequent actions to take were made by the registered manager. Where staff performance needed reviewing in light of any accidents or incidents the registered manager told us they discussed this with the staff involved. This process helped to keep people safe.

Requires Improvement

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and care was provided mostly in line with current legislation and best practice guidelines. However, we did note that the care records for a person who had Parkinson's disease and a person with diabetes would have benefitted from more detailed information about the disease/condition. This would ensure staff were aware of the most appropriate way to care for this person. However, we did not have cause for concern that people were not being supported appropriately to manage these conditions. After the inspection, the registered manager told us this guidance was now in place. The registered manager was aware of the National Institute for Health and Care Excellence guidelines and could explain how they were used to support people effectively. Where people had specific health needs, nationally recognised tools were used to assess and to reduce the risk to people's health and welfare.

People told us they were happy with the way staff supported them and felt they understood their specific health needs. One person said, "Staff are good to me and look after me, everything is alright here, I like it.", Another person said, "Most of them know how to support you if you have a complaint they just sort it."

Staff were well trained and were encouraged to develop their knowledge and skills by completing professional qualifications in adult social care. Records showed staff received training in a number of key areas designed to keep people safe and for staff to provide them with effective care. This included, safeguarding of adults, moving and handling and first aid. Refresher training for all staff was due in June 2018. This would ensure that staff provided people with effective care that met current best practice guidelines.

Staff had their performance reviewed through supervision. Records showed all staff had received at least one supervision in 2018. However, we were told by the registered manager that only three out of the 29 staff had received an appraisal. These 29 staff had worked at the home for at least a year and an appraisal gives both the registered manager and the staff member the opportunity to assess performance and to agree areas for development. The registered manager told us currently they or their deputy manager were carrying out all supervisions, this meant time was not always available for the appraisals. They told us they would review this process with a plan to delegate supervisions to senior care staff, freeing up time for them to complete appraisals and to focus on other areas of improvement in the home. This would further improve people's level care and support from staff.

The majority of the people we spoke with told us they liked the food and drink provided at the home. One person said, "The food is good I have a choice and there is plenty of it." Another person said, "The food is ok, sometimes it's better than others. It is hot though. We are well fed."

We observed people's lunchtime experience. People seemed to enjoy their food and people were offered choices. If people did not like what was on offer then alternatives were provided. A menu was available although due to where it was positioned it may prove difficult for some people to access. When needed, staff were available to support people with their meals although most people were able to eat independently.

The serving of the lunch meal did appear to be unorganised. Five members of staff were available to serve the meals yet there was not an organised process for ensuring people got their meals in timely way. For example, we saw people sat at tables with others waiting long periods for their meals when others on their tables had already been served and were eating their meals. This could contribute to people having a negative experience at lunch time. We noted some people chose to have their meals in the lounge and staff supported them with eating.

Records showed nutritional assessments were in place and people were weighed regularly when needed. Where people had lost or gained excessive amounts of weight, dieticians were contacted for guidance. We spoke with the cook. The cook had undertaken a nationally recognised qualification in catering and food hygiene and had a good awareness of people's dietary needs. People's nutritional needs were managed effectively at the home.

To enable a smooth transition between health and social care services, people's care plans contained information that could be taken with them to inform other professionals of their health and social care needs. People's records explained how people communicated, whether there were any known risks to their safety and whether they had any personal preferences that should be taken into account.

People told us they were able to access their GP and other health or social care professionals when they needed them. People told us they rarely visited the dentist or had a dental visit. However, people also told us that a chiropodist visited the home every two weeks. One person told us they had been taken to hospital and had been accompanied by a member of staff. The registered manager told us that when people needed staff to attend appointments with them, the rotas were amended and staff were flexible, to ensure this could be done. We noted there was limited health information and guidance throughout the home to enable people to make informed choices about their health. For example, there was no information from agencies such as Public Health England, Age UK or other recognised agencies that could help inform people about their health and the range of advice and services that were available for them. The registered manager told us they used to have these in place, but they had been removed. They told us they would address this.

The registered manager, staff and the people who lived at the Redcote Residential Home commented on the 'homely' feel to the home and they were proud of the building they worked and lived in. Communal areas were spacious with a large dining area which enabled people to meet with friends, enjoy a meal and to take part in group activities. Some parts of the home were well maintained although others required some attention. Some of the furniture looked tired and worn and needed updating. Some of the bathroom doors did not have working locks on, although we have since been informed that this has been rectified.

Some of the people living at the home were living with dementia and efforts had been made to adapt the building to make it easier for people to orientate themselves around the home. We saw some directional signage was in place including names and pictures on some bedroom doors. Although during the inspection we did not see people struggling to orientate themselves around the home, further signage might be beneficial to further improve the independence of people living with dementia. The registered manager told us they would review this and make changes where needed.

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. We checked whether the service was working within the principles of the MCA.

Mental capacity assessments had been completed although these lacked detail to explain what decision was being made and why. The assessments referred to 'activities of daily living' but did not reference the specific decision that was being for people. Records did not always state who had been involved with making the decision. Reference had also been made in people's records to relatives having power of attorney. However, no recorded evidence of this legal authority to make decisions on behalf of their relative had been included on the care plans. This meant relatives could be making decisions for family members when they did not have the right to do so. The provider's approach to assessing people's capacity could place people at risk of not having their rights respected. After the inspection, the registered manager has informed us they have carried out a review of how capacity assessments are completed and they now contain more decision specific details.

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). Records showed that DoLS applications had been made for people whose care was restrictive and amounted to a deprivation of their liberty. We looked at the paperwork for two of these people and saw the staff adhered to the terms specified. This ensured unnecessary and unlawful restrictions were not placed on people's liberty.

Good

Is the service caring?

Our findings

People and their relatives told us they liked the staff and found them to be kind and caring. One person said, "They are very kind staff they made me very welcome." Another person said, "They are very caring I would let them know if they were not." A relative said, "Staff are caring all the time. [My family member] is very happy here. They are very caring and friendly and always make me feel welcome; they cannot help enough."

We observed some very positive interactions between staff and the people they cared for. There was a genuine warmth shown by staff towards people. People were offered reassurance when they became upset and staff sat and talked with people about their day. Many of the staff working at the home described people as "family", with one staff member saying they treated people well, "because one day, I may need someone to help me. It is about respect."

Although staff were busy at times, this did not affect their ability to engage with people. The registered manager told us they felt the rotas provided staff with the time needed to engage with people, to talk with them about their day and their interests, as well as completing the day to day tasks needed to ensure people were safe and well cared for. We saw there were plenty of staff available to support people when needed. We did note on occasions some staff tended to talk more with the people who were able to take part in conversation, which did occasionally mean others were not engaged as often as they could have been. However, these examples were rare and overall it was clear there was a calm, friendly and inclusive approach at the home.

We noted staff were observant and ensured people were warm, had enough to eat and drink and where able, included people in activities. Staff were calm, patient and friendly and responded to people by their chosen name. This contributed to the positive relationships that had been formed between people and staff.

People told us they felt the staff treated them with dignity and respect. One person described the staff as "very welcoming". Another person told us their privacy was respected when they wanted to be alone. Another person said, "They [staff] knock on the door before they come in. They are careful when I am dressing too."

People's records contained information about how staff could effectively communicate with them.
We observed staff alter the way they spoke with people to ensure the person was able to engage with them. We noted when people were sat down, staff dropped to their level to ensure they had eye contact and were not leaning over them when talking with them. When people were being transferred around the home either via a hoist or wheelchair, staff ensured people had their full attention and talked with them throughout. This showed staff had a respectful approach when and engaging with and supporting people.

People were able to give their views about their care and felt staff responded to their wishes. We noted people were involved with reviews about their care and many people had signed care plans to indicate they agreed with the decisions that were made. Records showed where appropriate relatives had been

consulted. One relative told us when there were any concerns about their family member's care they always informed.

Where people were unable to make informed decisions for themselves, people had the opportunity to have an independent person to speak on their behalf if they wished them to. The registered manager told us they identified any person who needed this support they would ensure they had access to an advocacy service. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are made about their health or social care. However, we did note that information was not available in the home should people wish to contact this service without the input of staff. The registered manager agreed to ensure people had access to this information.

People's independence was encouraged. We observed staff support people with moving around the home, offering encouragement to people to do as much for themselves as possible. One person joked that whilst they could do much for themselves the staff were eager to help and where there when they needed them. People's care records contained information about their ability to undertake some daily living tasks such as getting dressed and eating. Individualised guidance was also included for staff to follow when supporting people with personal care, describing how much people could or could not do for themselves.

People's care records were stored safely ensuring the information within them was treated confidentially. Records were stored in a locked cabinet away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

There were no restrictions on people's family and friends visiting them. We observed visitors coming and going throughout the day. Staff interacted well with visitors and made them feel welcome.

Good

Is the service responsive?

Our findings

Prior to attending the home, assessments were carried out to ensure that when people came to live at the home, their needs could be met. Once it was agreed that people would move to the home, more detailed care plans were put in place. In each of the records we looked at, we saw a wide range of care planning documentation that covered all aspect of people's care needs. These care plans were regularly reviewed to ensure they still met people current needs. We did note that some people's care records contained care plans that were now out of date and needed to be removed to ensure there was no contradictory information for staff. The registered manager assured us that staff understood each person's current care needs but agreed to carry out a review of care planning documentation and remove any out of date records.

People's personal preferences and likes and dislikes had been taken into account when care plans were written. Staff understood people's likes and dislikes and we observed staff using this information when supporting people. For example, we observed one person say they did not want any sugar in their tea. The staff member said, "Are you sure, you normally have sugar?" The person replied, "Just testing!" We also saw staff use people's life history and background information to engage in meaningful conversations. It was clear they knew the people they supported well.

People told us they had regular access to a bath or shower when they wanted it and were able to get up and to go bed when they chose to. They also told us if they wanted to go outside or go into the local village they were supported with doing so.

People described how they liked to spend their spare time. One person said, "I like to read my books; I like to be around people too." Another person said, "I play cards, you have to keep your mind active don't you? I go to the village once a month, the staff take me." A third person said, "We have been on trips to Cleethorpes and then Brigg and to the Heritage Centre."

There was a wide range of activities provided for people. Some of these activities were provided in a group format with others provided on a one to one basis. We noted people were able to access activities that were important to them. Some played musical instruments, others did crocheting, knitting, tapestry and reading. Group activities were inclusive and designed to avoid people feeling socially isolated although some people told us they chose not to join in. One the day of the inspection a game of bingo was widely attended and then a reminiscence session was held where people talked about past events. Ice creams and glasses of wine were provided to further enhance people's experience. Other weekly activities included exercise sessions, a visiting choir and the celebration of people's birthdays. A karaoke machine had recently been purchased in response to people's feedback at a recent 'residents' meeting'. This wide-ranging approach to activities contributed to people leading and active and happy life at the home.

People's cultural and religious needs were met at the home. People were supported to follow their chosen denomination of the Christian faith. With leaders and representatives of local churches attending to give spiritual guidance and lead prayer sessions as well giving people the opportunity to receive communion.

The registered manager told us people's diverse needs were respected at the home. Staff had completed equality and diversity training and they ensured people were protected against discrimination.

The Accessible Information Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager had an awareness of this standard and told us they would review all documentation within the home to ensure it was accessible for all.

People and relatives told us they felt able to make a complaint if they needed to and that it would be acted on. However all told us they had not needed to make a complaint. The registered manager was aware of their responsibilities to ensure that when a formal complaint was made, they would respond appropriately and in line with the provider's complaints policy. No formal complaints had been received since our last inspection. We did note the complaints procedure was placed in the reception area of the home. However, it's location may make it difficult for people to access. After the inspection the registered manager told us this had now been moved to make it more accessible for people.

We were told by the registered manager that at the time of the inspection no person living at the home required end of life support. However, where people had expressed their wishes to the registered manager, detailed end of life care planning documentation was in place. This information took into account the wishes of the person and their relatives where appropriate.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we have highlighted a number of areas where improvements were needed. This included processes for the safe management of medicines, ensuring staff were deployed appropriately, lack of appraisals for staff and ensuring the implementation of the Mental Capacity Act 2005 was applied appropriately. None of these areas of concern were highlighted in the quality assurances processes used by the registered manager to ensure people received safe and effective care and support. The registered manager responded to our concerns quickly when we raised these issues, but it is concerning that these areas had not already been highlighted and addressed prior to our inspection. The means that the current quality assurance processes were not operating as effectively as they should be. This could place people's health and safety at risk.

The registered manager told us they felt supported by the provider and when they asked for any equipment or funds for the home to improve people's lives this was always provided. However, there was a lack of input from the provider in ensuring that their service was operating at the required level to ensure people were always safe and received effective care and support. Input from the provider was minimal. No formal assessments of the registered manager's performance were carried out and no guidance provided for the registered manager on how they should be managing the home. A weekly phone call took place with the provider, with them making an occasional visit to the home, however there were no agreed formal action plans in place to hold the registered manager and their staff to account. This lack of oversight has contributed to the decline in standards at this home since our last inspection in August 2015.

These examples are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the county council safeguarding team. The registered manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service

The registered manager was well intentioned and caring and clearly wanted the best for all of the people living at the home. She told us she felt people, were safe and happy at the home but acknowledged there were areas where improvements were needed to ensure people remained so. She acknowledged that more needed to be improve staff performance and to hold them accountable for their role. We were informed after the inspection that this process had already begun. Staff breaks had been amended, supervisions were to be held more regularly and staff would have clearer roles and responsibilities each day. Staff would be held accountable for drops in performance. This, the registered manager told us, would help improve standards at the home.

People, relatives and staff told us they liked the registered manager, found her approachable and she acted on any concerns they raised. One person said, "She is always around and she is very approachable. She comes to see if we are ok. She asks what we want and she will get it." Another person said, "She is

approachable she sorts things out for you." Staff were equal in their praise for the registered manager. One staff member said, "She is easily the best manager I have worked for." Other people we spoke with told us they thought highly of the home itself with one person telling us, "People speak very highly of this home in the village." A relative said, "I have been in a lot of homes, but this is by far the best one. If my parents had to go in a home I would not think twice about putting them in here."

People and staff were encouraged to give their feedback about how the service could be developed to improve people's experiences at the home. We noted a survey had been sent to people and their relatives asking for their views about the quality of the service provided. The results of the last survey had not yet been analysed, however the registered manager assured us the results would be used to improve and develop the service

Staff felt valued and their opinions on how the service could improve were welcomed. However, we noted no formal staff meetings were in place. Meetings with senior staff were held and they were tasked with relaying information back to the other staff. The registered manager agreed that a formal team meeting where all staff could attend would assist them in ensuring an agreed and consistent approach to improving the home.

Staff understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had an open and transparent approach when working alongside other health and social care agencies. This ensured staff were equipped to support people in line with other health and social care agencies recommendations and guidance. The deputy manager had been tasked with attending a local authority led group where registered managers and other health care professionals attended to discuss any growing trends or concerns. The deputy manager told us this enabled them to relay information back to the registered manager and to advise on ways the home could be further improved.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home.

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 Good governance 17 – The registered person did not ensure; (2) Effective systems or processes were always in place to enable the registered person, in particular, to— (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.