

Sunrise Senior Living Limited

Sunrise of Frognal

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 and 23 March 2018 and was unannounced.

Sunrise of Frognal is a 'care home' providing residential care for older people with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sunrise of Frognal accommodates up to 131 people in two adapted buildings. There were 107 people using the service at the time of our inspection. This was the first inspection of Sunrise of Frognal, since their registration in August 2017, with a new provider Sunrise UK Operations Limited.

During this inspection, we found two breaches of the Health and Social Care Act 2008. The provider had not taken appropriate action to ensure that people received their medicines as prescribed in a timely way. Staff had not followed the provider's medicines policy in relation to ordering and booking of medicines. Liquid medicines requiring opening dates had no date of opening. The medicines administration record (MAR) and medicines balance in stock reconciliation was not correct.

These shortfalls were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance systems were in place to monitor and improve the service. However, improvements were required as they did not identify the issues we highlighted above.

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

We did see some areas of good practice with medicines. The provider had a policy and procedures which gave guidance to staff on their role in supporting people to manage their medicines safely. We saw the medicines room was found to be clean and tidy and the medicines trolley was locked at all times. We saw evidence that people's medicines were reviewed regularly by the GP.

We did see some areas of good practice with quality assurance system and processes. The service had system and process to assess and monitor the quality of the care people received. As a result of these checks and audits the service made improvements, for example, care plans and risk management plans were updated, and falls management had improved.

The service had a registered manager in post at the time of writing this report. 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.

The service sought the views of people who used the services, their relatives, and staff to improve the service. Staff felt supported by the registered manager. The service worked effectively with health and social care professionals, and commissioners.

People and their relatives told us they felt safe and that staff and the registered manager treated them well. Staff knew how to keep people safe. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service and they were up to date with detailed guidance for staff to reduce risks.

The provider carried out comprehensive background checks of staff before they started working and there were enough staff to provide support to people. The service had arrangements to deal with emergencies and staff were aware of the provider's infection control procedures and they maintained the premises safely. The provider trained staff to support people and meet their needs. People and their relatives told us that staff were knowledgeable about their roles and that they were satisfied with the way staff looked after them. The provider supported staff through regular supervision and yearly appraisal.

The service had an effective system to manage accidents and incidents, and to prevent them happening again. The provider recognised people's need for stimulation and social interaction. People had end-of-life care plans in place to ensure their preferences at the end of their lives were met. Staff completed daily care records to show what support and care they provided to each person.

The registered manager and staff understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS). 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 support this practice. People consented to their care before they were delivered.

Staff assessed people's nutritional needs and supported them to maintain a balanced diet. Staff supported people to access the healthcare services they required, and monitored their healthcare appointments. The registered manager and staff liaised with external health and social care professionals to meet people's needs.

People or their relatives, where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, caring, and respectful. Staff protected people's privacy and dignity.

The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Management of medicines was not robust. The provider had not taken appropriate action to ensure that people received their medicines as prescribed in a timely way.

People and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the registered manager and staff understood.

Staff completed risk assessments for every person who used the service and they were up to date with guidance for staff to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks on them before they started work.

Staff were aware of the provider's infection control procedures and they maintained the premises safely. The service had arrangements to deal with emergencies.

Requires Improvement 

Is the service effective?

The service was effective.

People and their relatives commented positively about staff and told us they were satisfied with the way they looked after them.

Staff assessed people's needs and completed care plans for every person, which were all up to date. Staff completed daily care records to show what support and care they provided to each person.

People and their relatives were involved in deciding their care and making day to day decisions about they want.

The service supported all staff through training, supervision and appraisal in line with the provider's policy.

Good 

Staff assessed people's nutritional needs and supported them to have a balanced diet.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they needed. The service liaised with other professionals to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were happy with the service. They said staff were kind and treated them with respect.

Staff involved people or their relatives in the assessment, planning and review of their care.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good ●

The service was responsive.

Staff recognised people's need for stimulation and social interaction.

Staff involved people or their relatives in the assessment, planning and review of their care.

Staff prepared, reviewed, and updated care plans for every person. Care plans were person centred and reflected people's current needs.

People had end-of-life care plans in place to ensure their preferences at the end of their lives were met.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance systems and processes to monitor and improve the service require improvement.

People and their relatives commented positively about the registered manager and staff.

The service had a positive culture, where people and staff felt the service cared about their opinions and acted on their feedback to make improvements to the service.

Information about the management of the service was shared with staff through regular meetings to ensure they understood the responsibilities of their roles.

The service worked effectively with health and social care professionals and commissioners.

Sunrise of Frognal

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was prompted in part by information received by CQC about potential concerns in relation to staffing levels and their management. The inspection was undertaken to make sure people's needs were met in a timely manner.

This inspection took place on 22 and 23 March 2018 and was unannounced. This service was inspected by specialist advisor, two inspectors and an expert by experience on 22 March 2018. Two inspectors and an expert by experience returned to the service on 23 March 2018 to complete the inspection. 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 all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also contacted health and social care professionals involved in people's support, and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During the inspection we spoke with 25 people and six relatives, 14 members of staff, the registered manager, the regional manager and the director. We also spent time observing the support provided to people in communal areas, during meal times, medication round, and activities. We looked at 10 people's care records, 10 staff records, and 26 Medicines administration records. We also looked at records related to the management of the service such as the quality audits, accidents and incidents reports, Deprivation of Liberty Safeguards (DoLS) authorisations, health and safety records, and the provider's policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff and the registered manager treated them well. One person told us, "I feel safe because I like it here. If anyone has a problem, staff always helps." Another person said, "We feel safe and valued. The standard of care is very good." A third person commented "I feel perfectly safe. It's good in here." One relative told us, "Yes, we definitely feel safe with staff. My [loved one] is looked after day and night." Another relative said, "I think my [loved one] is safe and [they] seems content."

We found that in the current cycle some people's records showed they had been without prescribed medicines for extended periods of time, medicines which were ordered to complete the current monthly cycle had been used early to complete the last cycle and on occasions homely remedies were used to support pain relief to replace regular prescribed pain relief where medicines had run out and no further stock had been made available. The provider's policy stated that under procedure if medicines run out "please refer to the medicine error section which includes failure to have a prescribed medicine available as a medicine error." Staff had not reported this as an error, and they were not following the provider's medicines policy in relation to ordering and booking of medicines. We highlighted the issue with the registered manager and they had taken immediate action to include measures and longer term strategies to mitigate the risks identified on the day of the inspection.

We found the medicine trollies to be tidy and well-ordered but medicines requiring opening dates to be added such as eye drops, antibiotics i.e. cephalexin nasal sprays had no date of opening added. Staff had not followed the provider's policy in relation to medicines requiring open dates. We also found for a person their current prescribed oral nutritional supplement was in use but had no label attached. Staff had not followed the provider's policy about nutritional supplement stated; nutritional supplements should be individually labelled for people usage. Any non-labelled should be returned to the pharmacy. We highlighted the issue with the registered manager and they had taken immediate action to include measures and longer-term strategies to mitigate the risks identified on the day of the inspection.

People did not receive their medicines at a prescribed time. We found that on the second floor of Chestnut house people's medicines were prescribed to be administered at 6.00pm but staff started to administer at 4.00pm. Staff on duty explained that 1.00pm medicines were given at 12:00 noon, and 6.00p at 4.00pm and 10.00pm at 8.00pm. This meant that staff had altered the times but were spacing medicines as required. Following the inspection, the provider informed us that this practice had been approved by the pharmacist to meet the needs of individuals using the service as none of the people using the service were prescribed medicines that were timed. They also told us that they had approached the pharmacy and asked them to adjust the times on the printed MAR charts to ensure they accurately reflected the time medicines were administered.

The medicines administration record (MAR) and medicines balance in stock reconciliation was not correct. For example, the MAR for a person's prescribed medicine (Cholecalciferol) calculated balance was 51 but the actual balance in stock was 47. For another person their 6.00pm prescribed medicine (Omeprazole 20mg) dose was signed as given but we found the medicine was still in the blister pack. For a third person their

prescribed medicine (Amlodipine 5mg) was signed as given at 8:00 but we found the medicine was still in blister pack. For a fourth person their prescribed medicine (warfarin 1mg) expected balance was 34 but the actual balance was 44. There was no explanation given by staff as to the above discrepancies. Therefore, it was not clear if people were receiving their medicines as prescribed. We highlighted the issue with the registered manager and they had taken immediate action to include measures and longer term strategies to mitigate the risks identified on the day of the inspection.

Medicines were not safely disposed. We found old medicine (Amlodipine) for two people dispensed in January 2017 and December 2017 in the office. We also found old labelled medicine boxes with people's names and their prescribed medicines details discarded into general black sack waste bags. The provider's medicines policy stated that prior to disposal of medicine all prescriptions labels must be removed and disposed of as confidential waste and if the label cannot be removed then deface to protect the confidentiality of people. We highlighted the issue with the registered manager and they had taken immediate action to include measures and longer term strategies to mitigate the risks identified on the day of the inspection.

Two staff had not signed the MAR sheet for controlled drugs. We found for a person only one member of staff had signed the MAR sheet. Staff on duty told us that this was because two staff had signed the CDR. Staff had not followed the provider's medicine policy in relation to signing of controlled drugs register (CDR) and MAR sheet. The policy stated that two staff members must sign CDR and MAR sheets. We highlighted the issue with the registered manager and they had taken immediate action to include measures and longer-term strategies to mitigate the risks identified on the day of the inspection.

Medicines were not stored safely. On the ground floor in Well house, the medicines fridge temperature was recorded as just above 8C. On numerous occasions in March 2018 and in January 2018 the medicines fridge temperatures were as high as 11C. Also on the middle floor in Well house the medicines fridge temperature were found outside the target with records showing temperatures of 9C and 11C during March 2018. We highlighted the issue with the registered manager and they had taken immediate action and bought new medicines fridges during the inspection.

The registered manager told us that they were aware these issues and made arrangement for recruiting two nurses to undertake audits and support with medicines management. We continue to monitor and would check the improvements at our next inspection.

These shortfalls were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see some areas of good practice with medicines. One person told us, "I have to have the right medication and I have to have it on time. There have never been any mistakes." Another person said, "Yes, I know what my medicine is for."

The provider trained and assessed the competency of staff authorised to administer medicines. A member of staff told us "We give medicines, we are confident but not 100%, there is always room for improvement." Another member of staff said, "I give medicines, I have completed training and my competency was checked, we do count and audit the medicines."

We saw the medicines room was found to be clean and tidy and the medicines trolley was locked at all times. There was good information transfer from medication profiles to MAR regarding peoples allergy status. We saw evidence that people's medicines were reviewed regularly by the GP. The provider had

sought advice from the GP or a Pharmacist on how to administer medicine covertly for people who lacked capacity.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, and the local authority safeguarding team. Staff we spoke with told us they completed safeguarding training. The training records we looked at confirmed this. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. One member of staff said, "I will contact CQC or it could be local safeguarding or the police depending on what it is." The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The registered manager implemented performance improvement plans for staff to make sure they used incidents as an opportunity for learning. The service worked in cooperation with the local authority, in relation to safeguarding investigations.

Staff completed risk assessments for every person who used the service. These included manual handling, falls, eating and drinking, pressure sore prevention and wound care. The risk assessments we reviewed were up to date with detailed guidance for staff to reduce risks. For example, where the risk of pressure sore was identified, the risk management plan addressed the use of correct equipment and support needed for preventing pressure ulcers. A member of staff told us they monitored people's skin daily and daily monitoring charts we saw confirmed this. In another example, where people had been identified as being at risk from choking, staff sought advice from the Speech and Language Therapy (SALT). A risk management plan had been put in place which identified the type of food and the level of support people needed to reduce the level of risk. We observed during the lunch time that people were getting the correct diet as needed. In a third example, where a person was identified with a risk of falls, they were referred to a falls clinic and their risk management plan and correct equipment was in place.

The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included actions staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. The registered manager and the deputy manager saw each incident record and monitored them. Records we looked at showed examples of changes made after incidents occurred. For example, after experiencing a fall, a person was referred to the falls clinic and another person had a sensor mat introduced as a result a number of falls. In another example, one person was referred to their GP to have their medicines reviewed in relation to falls. We noted that their care plan had subsequently been updated to include further guidance for staff on how best to support them, and records showed that this had been discussed with staff during staff meeting. The service had a process for analysing accidents and incidents and identifying if there were any trends. For example, the service had identified that falls have happened in a specific month combined with unusually high rate of reported urinary tract infections. These were tracked and managed by reviewing risk assessments and management plans, having the relevant equipment, and have added one additional member of staff for the night shift.

The service carried out comprehensive background checks of staff before they started work. These checks included qualifications and experience, employment history and any gaps in employment, references, criminal records checks, health declaration, and proof of identification. This meant appropriate checks were carried out to make sure the service kept people safe by employing suitably qualified staff.

There were enough staff on duty to help support people safely in a timely manner. Following the receipt of staffing levels concerns, the provider took appropriate action. The provider carried out a dependency

assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained, to meet the assessed needs of the people. If they needed extra support to help people, they arranged additional staff to cover. However, we noted staffing levels during night time may not always be sufficient in meeting people's needs. For example, on the residential neighbourhood, some people needed hoisting and support from two staff members. Staff we spoke with told us that night time staffing levels were not sufficient and in the Dementia neighbourhood staff said that staffing levels were not appropriate during the day and night shifts. We highlighted the staffing levels issues with the registered manager. They said that the provider had made arrangements to increase staffing levels from 26 March 2018, and that they would continue to keep staffing levels under review to ensure people's needs were met in a timely manner.

Staff responded to people's requests for support in a reasonable time. A person who used the service told us, "If I ring my call bell for help they [staff] would come as quick as they could. They are very alert." The service had a call bell system in rooms and we saw people had bells within their reach. We saw electronic records were generated to monitor if calls were answered promptly, and any delayed calls were reviewed and discussed with staff to prevent it happening again. However, some people using the service and their relatives also gave feedback that was not positive in relation to staffing levels. The comments included, "I get concerned when I see them [staff] rushing around and I think they could do with some help" , "I don't think there is really enough staff" , "I don't see much of the staff" and "She had been very upset because on occasion it had taken over half an hour for staff to come and take her to the toilet."

The service had arrangements to deal with emergencies. The service carried out regular fire drills and records we saw confirmed this. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency. An external agency carried out a fire safety inspection in February 2018 and found the service to be satisfactory.

Staff kept the premises clean and safe. Staff used personal protective equipment (PPE) such as gloves, and aprons to prevent the spread of infection. One member of staff told us, "I wear PPE and promote hand washing and we have dedicated bags for soiled clothes." Another member of staff said, "I always use PPE, use red or yellow bags where needed, nurse the person in their room and wash hands with alcohol gel." There was an infection control policy in place. The home was clear of malodours, the bedrooms and communal areas were clean. Staff and external agencies where this was necessary carried out safety checks for fire, gas safety, hoists, slings, portable appliances, emergency lighting and electrical equipment installed.

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them, and that staff were knowledgeable about their roles. One person told us, "Staff here have very wide experience. They are always very keen to help me. They can anticipate my needs." Another person said, "Yes, staff are well trained." A third person commented "Yes, I think they [staff] are well trained, I am saying that because, I feel I can trust them." One relative told us, "They [staff] do understand my [loved one's] needs well. They help them to stay well." Another relative said, "Staff are very attentive to my [loved one's] needs."

The provider trained staff to support people and meet their needs. Staff told us they completed comprehensive induction training, when they started work followed by a three months successful probation period before their employment is confirmed. Training showed that all staff completed mandatory training identified by the provider. The mandatory training covered areas from basic life support, food safety, health and safety, infection control, safeguarding, medicines to moving and handling and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us the training programmes enabled them to deliver the care and support people needed. One member of staff told us, "Training is good. There is a lot of training, online and practical as well." Another member of staff said, "There is enough training all the time and they [the provider] pay you for your time if you do it at home." Records we saw showed that the provider provided refresher training to staff as and when they needed.

Records showed the provider supported staff through quarterly supervision and yearly appraisal. Staff records we saw confirmed this. These records referred to staff wellbeing and sickness absence, staff roles and responsibilities, and their training and development plans. Staff told us they felt supported and were able to approach their line manager, and the registered manager, at any time for support. One member of staff told us, "I get regular supervision, and I can always knock on my line manager's door."

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

The Mental Capacity Act 2005 (MCA) provides 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager knew the

conditions under which an authorisation may be required to deprive a person of their liberty in the best interests under DoLS. Records showed that appropriate applications had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted.

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decisions had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example, specific decisions such as to administer medicine covertly.

Staff asked for people's consent, where they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. One member of staff told us, "I always assume people have capacity to make their own decisions and I encourage them to make decisions for themselves."

Staff assessed people's nutritional needs and supported them to have a balanced diet. People and their relatives told us they had enough to eat and drink. One person told us, "The food here is Savoy class and I mean that." Another person said, "Yes the dinner today was thoroughly enjoyable. We never go hungry or thirsty, we have a bistro food bar in the centre of the lounge, and it is absolutely excellent. You can get what you like for example; we get a hot chocolate at night." One relative told us, "The food is excellent; we have been in the private dining room quite a lot having family meals with my [loved one]." Another relative commented, "Today my [loved one] has had fish and chips and apple crumble. The food is always nicely presented, immaculate and staff are very attentive."

Staff recorded people's dietary needs in their care plan and shared with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, if they needed soft diets, fortified diets and a healthy balanced diet for people with diabetes. Staff told us there were alternatives available if people did not like what was offered on the day.

The provider protected people from the risk of malnutrition and dehydration. Staff told us, we have assessed everybody and know how much help they require with assistance to eat and drink. Staff completed nutritional assessments for each person and monitored people's weight as required. Where there was risk identified, staff sought advice from healthcare professionals and completed food and fluid charts to monitor people's intake and take further action if required.

We carried out observations at lunch time. We saw during the inspection that staff ensured people were kept hydrated. Drinks and snacks were available and offered to people throughout the day. People received appropriate support to eat and drink. There were enough staff to assist people and we saw interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed. They had meaningful conversation with people, and helped those who took their time and encouraged them to finish their meal.

Staff supported people to access healthcare services. One person told us, "Yes, if I want I get to see the doctor, a chiropodist or a nurse." Another person said, "Yes, the carers do support me with healthcare appointments, they [staff] have just come in my room for my district nurse file. I see the district nurse." The service had strong links and worked across with local healthcare professionals including a GP surgery, district nurses, Speech and Language Team (SALT) and dietician. We saw the contact details of external

healthcare professionals in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed.

The service met people's needs by suitable adaptation and design of the premises. Individual bedrooms were set out on three floors. There were door guards on all the bedrooms which would automatically release in the event of fire. People's bedrooms were personalised and were individual to each person. Some people had bought personalised items from their previous home which had been used to make their rooms familiar and comfortable. Corridors were wide to accommodate wheelchairs, and a lift was available. There were separate dining and lounge areas on the ground floor, and activity rooms on each of the other floors. These included a pool table and an aviary. People were free to go on to the extensive and well-maintained garden. We observed people moving freely about the home. Access to the building was controlled to help ensure people's safety.

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were kind and treated them with respect. One person told us, "They [staff] are very good and helpful. They do what I ask them to do. None of them ignore me. We have laughs occasionally. They treat me excellently." Another person said, "Staff respect me. I would like to think that they are fond of me as I am of them." A third person commented, "They [staff] are all very kind. They always see to my needs." One relative told us, "My [loved one] is always having a laugh and a joke with staff. They definitely treat my [loved one] with kindness and compassion." Another relative said, "Staff are very nice and they treat my [loved one] with respect. My [loved one] seem more content."

We observed that staff had good communication skills and were kind, caring and compassionate. Staff talked gently to people in a dignified manner. They knew each person well and pro-actively engaged with them, using touch as a form of reassurance, for example by sitting at people's table and holding their hand which was positively received.

Staff involved people in the assessment, planning and review of their care. One person told us, "Yes, we have a chat about my care plan. I do make decisions about the service." Another person said, "I did an update to my care plan a few weeks ago with [member of staff]. I have a care folder in my room. Everything is in there." Care plans described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.

Staff respected people's choices and preferences. For example where people preferred to spend time in their own rooms, lounge, garden, and walk about in the home. We saw that staff regularly checked on people's wellbeing and comfort. One member of staff told us, "I always explain my actions to people, give them choices and respect their decisions." Another member of staff said, "I allow people to choose their own clothes and encourage them to wash themselves and praise them when they try."

Staff respected people's privacy and dignity. One person told us, "They [staff] respect my privacy and dignity when caring for me. They do understand and respect my background and culture." Another person said, "They [staff] very much respect my privacy and dignity. They always shut my door and draw my curtain." A third person commented, "I have my own telephone in my room. It is my own landline. I have my own privacy in my room." A relative told us, "They [staff] treat my [loved one] with absolute dignity. My [loved one] is always kept neat and tidy, and staff always makes a point of speaking to me." We saw staff knocked and waited for a response before entering people's rooms and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Is the service responsive?

Our findings

Staff recognised people's need for stimulation and supported people to follow their interests, and take part in activities. The service employed an activities coordinator who arranged activities on a daily basis. One person told us, "Oh there is plenty to do here. Today we have had a singer and someone playing the piano. We celebrated New Year's Eve, St. Patrick's day and St. Valentine's day." Another person said, "I go out for a walk for two hours in the morning. Down at the end there is a beautiful pond with fish, plants and birds you can sit and close your eyes and relax. There is something to do here every hour."

We saw that planned activities were displayed around the home so people were kept informed of social events and activities they could choose to engage in. Activities on offer included church service, seated exercise, music, puzzles, arts and crafts, external entertainers, and accessing the community. We noted that these activities were having a positive effect on people's wellbeing. For example, we observed people enjoying arts and craft, and music activities. People responded positively to these activities, with some people shaking a musical instrument, tapping or singing and having an enjoyable time for lots of smiling and laughing.

Staff completed care plans for each person based upon their needs. These contained information about their personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included dependency assessments and the level of support people needed and what they could manage to do by themselves. Senior staff updated care plans when people's needs changed and included clear guidance for staff.

Staff completed daily care records to show what support and care they provided to each person. They also completed a diary which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed the changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. The service used a communication log to record key events such as changes to health and healthcare appointments for people. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms with the engagement of the person concerned and their relative where necessary. Their healthcare professional signed the forms too. Records showed people's end-of-life preferences had been discussed with them, and care plans developed to ensure their preferences in this area were met.

People's care plans included details about their ethnicity, preferred faith and culture. The service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff showed an understanding of equality and diversity. One person told us, "I do sometimes go to the church service." Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and

spiritual needs. Staff knew people's cultural and religious needs and met them in a caring way. For example staff supported people with religious and spiritual needs including church services.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I would know how to complain and feel confident to do so but I don't have any complaints." One relative said, "Yes, we know and feel confident and comfortable to complain." The service had a clear policy and procedure about managing complaints. We saw information was displayed in the communal areas about how to make a complaint and what action the service would take to address a complaint. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner and where necessary staff held meetings with the complainant to resolve the concerns. These were about general care issues and staff attitude. The registered manager told us that there had been no reoccurrence of these issues following their timely resolution. Records we saw confirmed this view.

Is the service well-led?

Our findings

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. However, some improvements in this area were needed as issues that we had found at this inspection had not always been identified and acted upon in a timely manner. We found the provider had not taken all appropriate action to ensure medicines were managed safely. Staff had not followed the provider's medicines policy in relation to ordering and booking of medicines. Some liquid medicines requiring opening dates had no date of opening. Some of the medicines administration record (MAR) and medicines balances in stock reconciliation were not correct. Some medicines were not safely disposed and stored. The provider's medicines management audit sampled a small number of people and identified some of these issues we found at the inspection. As a result of our feedback the provider took immediate measure to increase the sample size by 10% and have a monthly review by the regional head of care. The provider had an improvement plan in place to ensure improvements were made and as a result of the inspection feedback they further amended their improvement plan to reflect issues we had identified.

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

We did see some areas of good practice with quality assurance system and processes. The service had system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as health and safety, accidents and incidents, falls, house maintenance, care plans, risk assessments, food and nutrition, infection control, staff training, information and home governance, and night spot checks. As a result of these checks and audits the service made improvements, for example, care plans and risk management plans were updated, and falls management had improved.

People and their relatives commented positively about staff and the registered manager. One person told us, "Yes this place is well run. If you want something, they [staff] will always try to get it for you." Another person said, "This place is well organised. Everything is fine." A third person commented "Absolutely the home is well run. We are a family here and we all look after each other." One relative told us, "Yes, it's [the home] is well organised. Overall, I would rate it as 10 out of 10." Another relative said, "Yes, I would say it [the home] is well run. It is well organised and people are well looked after. We would describe the quality as excellent; we can't believe how patient the staff are. We have never seen any shouting, swearing or neglect."

There was a clear management structure at the home. Staff were aware of the roles of the management team and they told us that the managers were approachable and were regularly present in the home. The service had a registered manager in post at the time of writing this report. 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.

The registered manager made sure they kept staff updated about any changes to people's needs. We saw the registered manager interacted with staff in a positive and supportive manner. Staff felt supported by the

registered manager and their line managers and they understood their roles and responsibilities. One member of staff told us, "The manager is approachable, helpful and always hands-on." Another member of staff said, "All the managers are approachable, we work well as a team and we get a lot of support." A third member of staff commented, "[Line manager's name] has really helped me to develop in my role, it is because of their encouragement, I have this position."

The registered manager held regular meetings with staff where staff shared learning and good practice so they understood what was expected of them at all levels. One member of staff told us, they celebrated staff success. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, any changes or developments within the service. Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

The registered manager encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings. One person told us, "The manager is very helpful, if you want anything they are always walking around. We are definitely listened to and our wishes are taken seriously." Another person said, "We have a new manager, he has been here for 8 weeks. He is very efficient." A third person commented, "The new manager is better, and there has been a lot of improvements."

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. For example when people's needs changed and there was a need for additional equipment and staff to support people, the service acted upon straight away. Records we saw confirmed this. We observed that people, relatives and staff were comfortable approaching the registered manager and their conversations were friendly and open.

People completed satisfaction surveys about service improvements. The results of the satisfaction survey carried out in January 2018, showed that 94% of them would recommend the home to family, 86% of them felt that staff really cared for them and 81% of them felt that the management was responsive. In all other areas of service provision and delivery and quality management the service consistently maintained good quality service. In response to the results from the satisfaction survey, the provider developed an action plan to make improvements. For example, the registered manager and the head of departments attended weekly afternoon tea meetings with people and further explored ways to make quality improvements. Care records we saw showed that the service worked effectively with health and social care professionals and commissioners.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not taken appropriate action to ensure management of medicines was robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems and process required improvements, as they did not identify all the issues we highlighted.