Care Quality Commission

Prime Life Limited

Rutland Care Village

Inspection Report

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Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask about services and what we found 4

What people who use the service and those that matter to them say 8

Detailed findings from this inspection

Background to this inspection 9

Findings by main service 10

Action we have told the provider to take 19

Summary of findings

Overall summary

Rutland Care Village provides nursing care, personal care and support for up to 82 people. It is made up of a purpose built home split into four units, one of which is a specialist dementia care unit. The village also includes a day care facility known as 'Brambles' and residential bungalows. These were not included in our inspection.

We found the provider had appropriate systems in place to help ensure that people were protected from the risk of abuse and avoidable harm. When appropriate, people's capacity to make decisions had been considered and the provider had acted in their best interests. People were cared for in an environment that was safe and appropriate for their needs. People and their relatives felt their care and support needs were being met and nobody we spoke with raised any concerns about their care or treatment.

People received care and support that met their needs and promoted many aspects of their well-being. Care plans provided guidance for staff about how people's needs should be met and these had been regularly reviewed and updated. We found that people's health had been monitored and guidance from health professionals had been sought when appropriate. People had been protected from the risk of malnutrition and dehydration and people's special diets or food preferences had been catered for. However, care plans did not always record people's involvement in the planning and delivery of their care.

Staff had a good understanding of the needs of people who used the service and had many had completed an induction programme. However, the staff team had not always been supported to deliver appropriate and effective care as many had not received training in important areas such as infection control, Mental Capacity Act and Dementia Awareness. This meant there had been a breach of the relevant legal regulation and the action we have asked the provider to take can be found at the back of this report.

We observed that the staff team were mostly friendly and professional in their interactions with people and staff were able to give examples of how they protected people's privacy and promoted their dignity. We used our SOFI (Short Observational Framework for Inspection) tool to see what the experiences of people living in the specialist dementia unit were. We found that staff did not always have the skills required to support people with dementia. Staff interactions were focused on tasks such as giving people drinks and taking them to the toilet rather than positive communication. Many staff had not shown consideration for people's emotional well-being when supporting them during our period of observations. We saw limited attempts to interact with people or provide activities in any meaningful way. However, when staff did take the time to engage with people we found they did respond positively. We have asked the provider to make improvements in this area.

There were sufficient numbers of staff to ensure the safe and effective delivery of care and our observations showed that staff responded promptly to people when they required support. Most of the staff we spoke with felt staffing numbers were adequate and people we spoke with told us they had the care and support they required at the time it was needed.

People and their relatives had been involved in the running of the service and had been asked for their views in regular meetings and an annual questionnaire. However there was no action plan to record the improvements highlighted by the meetings or survey or to assure that they would be made. People's complaints and concerns were recorded and responded to promptly.

However, people's involvement in the planning and delivery of their care was not always consistent. The majority of care plans and records we looked at contained insufficient information about people's choices, wishes and preferences so they could not be assured that they would be met. The provider had a day centre which had a programme of activities. However, many people had not been encouraged to access this service and during our inspection people who did not visit the day centre were not encouraged to engage in alternative activities that were relevant to them. Some people told us they would have liked more opportunities to go into the community or attend activities and others

Summary of findings

told us they had been lonely at times. This meant there had been a breach of the relevant legal regulation and the action we have asked the provider to take can be found at the back of this report.

People we spoke with and their relatives considered that the service was well managed and many of them told us about the improvements the registered manager had made since they had been in post. Staff were also positive about the management of the service and were clear about their roles and responsibilities.

There was a management system in place which monitored and assessed the quality of service provided. This included audits and reviews of care plans and records, checks of the environment and other audits such as call bell audits and falls audits. These had been carried out regularly and were well documented. However this could be improved by ensuring that action taken as result of these checks had been recorded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that people were protected from the risk of abuse because the provider had effective systems in place to help ensure that allegations of abuse were reported and responded to. Staff we spoke with had received training about the safeguarding of vulnerable adults and were clear about their responsibilities. People who used the service may benefit from being provided with more information about adult protection in an accessible format.

The manager of the service had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This meant that they could respond appropriately to follow relevant legislation in the appropriate circumstances. We found that mental capacity assessments had been carried out and, when appropriate, the decision that had been taken was in people's best interests. However, staff had a limited understanding of the MCA and DoLS and many had not received any training in this area. This meant that there was a risk that the provider may not identify the need to apply the legislation.

The provider had carried out a number of risk assessments in relation to people's health, safety and the environment and actions were in place to minimise risks that had been identified. These assessments had been incorporated into people's care plans. This meant that the delivery of care had been planned in a way that was intended to ensure people's safety and well-being.

People were cared for in a safe, clean and hygienic environment and there were appropriate systems in place to prevent the risk of cross contamination.

Are services effective?

We spoke with people who used the service and their relatives and they told us they were receiving appropriate care and that their needs were met. People were complimentary about the staff team and described them as friendly and hardworking.

People's basic needs had been assessed and care plans detailed how people's needs should be met. These took into account any risks that were associated with the delivery of care. We observed that people's care had been delivered in accordance with their care plan. Our specialist nursing advisor found that nursing care was

appropriate and effective. However, we found that the majority of people's plans of their care gave limited detail about their choices and preferences and did not record whether people had been consulted with about how they would like their care to be delivered.

The provider had good systems in place to protect people from the risks of malnutrition of dehydration. There was a choice of meals available at all times and kitchen staff were aware of people's dietary needs and preferences.

People were supported to maintain good health by on-going monitoring and referral to appropriate health professionals when necessary and we found service had developed good relationships with health professionals in the local community.

Staff demonstrated a good understanding of the needs of people who used the service and were positive about their role and the service. Although most staff had completed an induction programme they had not always received relevant and appropriate training and support to ensure they delivered effective and person centred care. This amounted to a breach of Regulation 23 of the Health and Social Care Act 2008.

Are services caring?

People we spoke with told us that staff were helpful, friendly and courteous and our general observations showed that staff responded to people promptly and in a professional manner. There were policies and procedures in place to ensure people's privacy, dignity and human rights were respected However although many staff had completed an induction programme, many lacked sufficient training in these areas.

In addition, to our general observations we used our SOFI (Short Observational Framework for Inspection) tool to help us see what some people's experiences of the service were like. We found that staff did not always have the skills required to support people with dementia. Staff interactions were focused on tasks such as giving people drinks and taking them to the toilet rather than positive communication. Many staff had not shown consideration for people's emotional well-being when supporting them during our period of formal observation. We saw limited attempts to interact with people or provide activities in any meaningful way. However, when staff did take the time to engage with people we found they have responded positively. We have asked the provider to make improvements in this area.

Summary of findings

Are services responsive to people's needs?

People's relatives that we spoke with felt they had been involved in the care and support delivered to their family member and were happy with the communication they received. We found that 'residents and relatives' meetings had taken place and people had the opportunity to contribute to the development of the service. The service had also carried out an annual questionnaire which asked for people's views. There was an appropriate complaints policy and the manager responded to concerns and complaints effectively. However there was a lack of organisational learning associated with complaints to ensure that best practice was achieved and maintained.

However, we found a lack of proper consideration had been given to supporting all people who used the service to engage in activities that were relevant to them. Activities were mostly limited to 'Brambles' the provider's day centre which the majority of people did not use. We saw no attempt to engage people who had not gone to the day centre in meaningful activities during our inspection. Some people we spoke with said they would have liked the opportunity to participate in more activities or go into the local community whereas others told us they had experienced loneliness whilst living at the home.

Care plans and records contained limited information about people's involvement in the delivery of their care and there was no evidence that people's choices, preferences and wishes had been sought and considered in most of the care plans we looked at. This included consideration of people's religious needs. This amounted to a breach of Regulation 17 of the Health and Social Care Act 2008.

Are services well-led?

People who used the service and their relatives were satisfied with the management of the service and told us about the improvements the registered manager had made. One person said, "Things are much better now". People felt able to raise their concerns or complaints with the manager of the service and were confident they would be considered and addressed.

Staff felt supported by managers and other senior staff at the home and were clear about their roles and responsibilities. Staff told us the service was well-managed and had confidence in the registered manager. They were aware of the provider's whistleblowing policy and told us they would be comfortable in raising any concerns they had. The provider had ensured there were enough staff on duty at all times to provide effective and appropriate care to people. This

Summary of findings

was determined by carrying out an assessment which then informed the rotas that were in place. Our observations showed that when people required assistance staff were available to help them promptly.

There was a robust quality assurance system in place that monitored the risks to people and others and ensured the service was learning and continually improving. However, this could be improved by ensuring that audits and checks documented any action or learning that had taken place as a result.

Summary of findings

What people who use the service and those that matter to them say

We spoke with ten people who used the service on the day of our inspection and three people's relatives. We carried out general observations and also used our SOFI (Short Observational Framework for Inspection) tool to see what the experiences of people living in the specialist dementia unit were.

People and their relatives spoke positively about the care they received and the staff team that supported them. Comments included, "I called for help at 4.30am in the morning because my legs were really uncomfortable but someone came within a few minutes", "There are always lots of people around I can call on", and "It's a lovely place".

We asked people about the staff team and people described staff as hardworking and friendly. One person said, "The staff are very good and they work hard". They were also complimentary about the changes the registered manager had made since they had been in post; "It's a much more relaxed environment here now" and found the manager was approachable. One person said, "Oh yes, she is always around and likes a laugh and a joke".

People found the home to be clean and well maintained.

People we spoke with felt able to raise concerns or speak to staff about any issue or problems and were confident they would be listened to. One relative told us, "I know I can pop my head round her office door if I have any concerns". Another relative told us about how a complaint they had made had been dealt with to their satisfaction.

We noticed that many people spend time in their bedrooms and spoke with people about this. Some people told us they would like the opportunity to be more involved in the community or engaged in activities. One person said, "I would have gone to some of the activities but nobody reminded me when they were happening and I forget a lot". Two people we spoke with told us they felt isolated at the home. One said, "I didn't know I was going to feel so depressed here".

Care Quality Commission

Rutland Care Village

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 was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed all the information we held about the home and asked the provider to complete an information return. We used this to help us decide what areas to focus on during our inspection.

We visited the home on 7 May 2014. We spoke with ten people who lived at the home and 3 people's relatives. We also spent time observing what was happening and used our SOFI (Short Observational Framework for Inspection) tool to help us understand the experiences of people living in the specialist dementia unit. We looked at all four units on the premises including communal areas, bathrooms, kitchen, laundry room and some people's bedrooms.

The inspection team consisted of a lead Inspector, two additional Inspectors, an expert by experience and a specialist nurse advisor. Our expert by experience had personal experience of residential care services and our specialist nurse advisor provided clinical advice about the nursing care that was being delivered.

We spoke with the registered manager and 11 care staff, including both nurses on duty at the time of our visit. We also spoke with kitchen staff and staff carrying our laundry duties. We looked at a number of records including people's personal records, staff records and records in relation to the management of the home.

Are services safe?

Our findings

We spoke with ten people who used the service, three people's relatives and carried out observations. We wanted to find out if people were safe and well treated. People and their relatives were satisfied with the care they were receiving and nobody raised any concerns about their safety or treatment. When asked if they felt safe living at the home, one person told us, "Yes I do. There are lots of people around I can call on".

Staff told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed that the majority of staff had received training in this area. Staff knew about the signs of abuse and were able to appropriately tell us the action they would take to report and document matters. We also found that safeguarding referrals had been regularly audited by the manager; however there was no detail of what action, if any, would be taken as a result. Staff were also able to give a detailed description of what they should do if they witnessed an incident or accident in the home and records showed that these events were being recorded.

The provider had a safeguarding policy and procedure which was in line with national guidance about how to protect vulnerable adults. In addition, we found that the manager was aware of local procedures for reporting abuse and had made referrals to the local authority when it was appropriate to do so. This meant that the provider had systems in place to help safeguard the people they supported. However, we found the information given to people who used the service about safeguarding was limited.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Records showed that the provider had carried out mental capacity assessments when it was appropriate to do so. A clear rationale about why the decision taken was in the person's best interests had been documented.

We found that the provider had policies and procedures in place in relation to the Deprivation of Liberty Safeguards (DoLS) and we looked at applications that had been made. Where people had been deprived of their liberty for the purposes of delivering care or treatment it had been in their best interests. We found that the DoLS was recorded in their care plan and that the service was meeting the necessary conditions. This meant that the service had ensured that people who lacked capacity to make certain decisions had been better protected by following the relevant legislation

We found that the registered manager had a good understanding of the MCA and DoLS and their responsibilities. However, records showed that most staff had not attended any training in these areas. We spoke with staff about the MCA and DoLS and found staff had a limited understanding of these areas. This meant that staff may not have recognised their responsibilities in this area and how the legislation may have protected the people they supported.

We spoke with the staff team and found they had a good understanding of each person's care needs and how to support them if they became agitated or upset. Staff we spoke with were able to describe how they would reassure, distract or divert people in such circumstances and care plans gave guidance about the approach they should take. During our inspection we observed one care worker respond to a person who was becoming distressed by offering an object of comfort and spending time talking to them in a reassuring manner. However, in contrast we observed another person displaying agitated behaviour without any response from the staff team and this inconsistency in staff approaches could be improved.

As part of our inspection we looked at a number of risk assessments in relation to people's care needs, health and behaviour. For example, we found that the risks of people developing pressure sores, falling, or becoming malnourished and or dehydrated had been assessed and a clear plan was in place to ensure these risks were minimised. We saw evidence that the actions stipulated in people's risk assessments, such as using a pressure relieving mattress or being turned regularly were being carried out by staff. Assessments and screening of people's risks had been regularly reviewed and updated which meant that people had been protected from risk when their needs changed.

We looked to see if people were cared for in a clean and hygienic environment. We viewed the premises accompanied by the manager of the service and looked at a number of bathrooms, communal areas, people's bedrooms, and the laundry and kitchen areas. We found that the home was clean, nicely presented and well maintained. We saw that cleaning was being carried out

Are services safe?

throughout the day of our visit and that hand sanitizer gels were available throughout the home. The provider had appropriate arrangements in place for dealing with clinical waste.

People we spoke with thought the home was clean and hygienic and had noticed an improvement in this area. One person said, “The place is much cleaner now”. Staff we spoke with knew about the importance of proper hand washing techniques and wearing protective clothing such as gloves when carrying out personal care. However, we found that only 57% of the staff team had received training about infection prevention and control and this could be improved.

We found that the provider had appropriate policies and procedures in place which reflected national guidance. In addition there were cleaning schedules in place which detailed what cleaning was required in which areas. We visited the laundry room and found that appropriate arrangements were in place for dealing with soiled laundry. This meant that people were better protected from the risk of infection and cross contamination.

Are services effective?

(for example, treatment is effective)

Our findings

During our inspection we spoke with people and their relatives. We wanted to know if people were receiving the care and support they required. People told us they were happy their needs were being met and that staff supported them in a caring and considerate way. Throughout our visit we observed staff attending to people's care and support needs.

We looked at the care plans and records of nine people who used the service. We found that people's needs had been thoroughly assessed and any risks associated with the delivery of their care had been recognised and risk assessed. Care plans contained sections about people's health needs, personal care, behaviour and communication, amongst others. We found that care plans contained guidance for staff to follow so as to ensure that care was delivered to people in a way that met their needs. Some care plans gave a good amount of detail about how people's needs should be met and were clear about the delivery of support to the individual. However, others contained less detail and had not been individualised to the person. Daily records and charts demonstrated that care had been delivered in accordance with people's care plans. We found that people's plans of care had been regularly reviewed to ensure they reflected people's needs.

Our specialist nursing advisor looked in depth at the care and treatment four people with complex nursing needs were receiving at the service. This included looking at people's plans of care, observing the care delivery, visiting the individual people and speaking with nursing staff. No concerns were identified and they found people were being well cared for, received appropriate treatment and had been made comfortable.

However, we found that people's views about their care and support had not always been recorded and it was not always clear whether people or their relatives had been involved in the planning and delivery of people's care. Some care plans we looked at reflected family involvement but others did not and this could be improved. Staff we spoke with told us they involved family members when appropriate and that they provided care in accordance with people's personal preferences. But, records did not always reflect this. In all but one of the care plans we looked at we found limited information about people's choices and preferences. Improvements could be made in this area.

Although no one using the service had advocacy support at the time of our inspection the manager had an awareness of local agencies that were able to provide advocacy support if required.

We looked to see if the provider was meeting people's nutritional needs. We found that people had a choice of main meal and that there were always alternatives available. We found that people were offered drinks and provided with support when required. There were readily available supplies of water and other drinks in people's bedrooms and communal areas.

We spoke with kitchen staff who were positive about their role and told us about how they had accommodated people's personal choices and preferences. The cook told us that people's preferences could be catered for and gave us examples of when this had been accommodated.

However, one person told us they would prefer a salad at lunch time rather than a hot meal but were not aware they could request a choice. We found that people had been asked to complete a meal preference questionnaire and the kitchen staff had details about people on special diets so they could prepare appropriate alternatives if required.

People had an eating and drinking care plan which detailed the support they required. Where people were at risk of malnutrition or dehydration we found that the risks had been assessed and appropriate action plans were in place. When appropriate people were on food and fluid monitoring charts and these had been consistently completed by staff. This meant that people had been better protected from the risks of inadequate nutrition and hydration.

Records we looked at showed that people had been supported to maintain good health, had access to appropriate healthcare support and that their health had been monitored. There were care plans and risk assessments in place which documented the support individual people required in relation to specific medical issues. In addition we found that people had been referred to appropriate healthcare professionals when necessary and the service had developed a good relationship with the local GP and other community health services.

Are services effective?
(for example, treatment is effective)

Staff we spoke with had a good understanding of the needs of people who used the service and were able to tell us about people's individual needs and the care they required. Staff received supervisions and appraisals in order to support them in their roles.

However, we found that staff had not always been supported in their roles because they had not received appropriate training. Although 70% of staff had completed an initial induction programme the services' training matrix showed significant gaps in the staff team's on-going training. For example, only two of the staff team had received any training about the Mental Capacity Act and staff understanding was limited in this area. In addition only half of the staff team had received training about infection control and some staff had not received any training in dementia. There were limited numbers of staff that had received any training on dignity in care or equality and diversity. There were other gaps in individual staff's training records. This meant that potentially people may have been at risk of receiving inappropriate or unsafe care because staff had not always received appropriate training to ensure effective care was being delivered. We considered that this amounted to a breach of Regulation 23 of the Health and Social Care Act 2008. The action we have asked the provider to take can be found at the back of this report.

Are services caring?

Our findings

We spoke with ten people who used the service, three people's relatives and carried out observations. We wanted to find out if people were treated with kindness, compassion and if their dignity was respected.

People we spoke with were happy with the level of attention they received and found staff friendly and approachable. We were told that staff responded quickly and were caring and considerate of people's privacy, One person said, and "I called for help at 4.30am in the morning because my legs were really uncomfortable but someone came within a few minutes".

All staff we spoke with were able to give examples about how they maintained people's dignity and respected their privacy. There were policies and procedures in place to ensure people's privacy, dignity and human rights were respected. However, few staff had received training in these areas. Staff also told us they had not received training about equality, diversity and human rights and staff training records also showed that limited staff had undertaken training about this.

Our general observations showed that staff responded to people promptly and staff were respectful and professional in their interactions. We saw that staff respected people's dignity and privacy when providing personal care.

In addition, to our general observations we used our SOFI (Short Observational Framework for Inspection) tool to help us see what some people's experiences of the service were like. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This included looking at the support that was given to people by the staff. We spent 1 hour and 50 minutes in the communal area of the homes' specialist dementia unit. We noted that several people in the room were seated in isolation with no other people next to them which made communication difficult for them. There were six people in their wheelchairs and no attempt was made to transfer them to more comfortable chairs. One of these people had been placed in front of a person who was seated in a chair. Four out of the six people did not have their foot plates in situ. This showed that staff had not always considered people's dignity and comfort.

A member of staff was in the room at all times and some staff did try to make conversation with people. Some were more successful at this than others and we observed one staff member seated next to people but they made no attempt to touch or talk with them. When this staff member offered drinks to people who needed assistance, they did not talk to them to say what they were doing. Music was playing in the room and was changed according to staffs' personal tastes without asking people in the room. People using the service were not asked which music (if any) they might prefer.

One person was seated in their wheelchair at the dining table for the duration of our observation. They had been placed with their back to the room and so could not see what was happening in the room. A staff member gave them a choice of drink and offered biscuits but did not take time to open the packet. This person spent five minutes trying to open the packet of biscuits but staff did not appear to notice this. This person was only engaged in meaningful conversation for ten out of 110 minutes of our observation and their activity was limited to having a drink. The majority of staff interactions focused on assisting with practical tasks and did not always consider the person's emotional wellbeing.

Another person we observed had also been sat by themselves with no other chairs nearby. Staff offered them a drink and biscuits but did not offer a choice. Staff noticed the person had no socks on and resolved this. Staff did not spend much time talking with this person but when they did take time we saw the person responded positively.

The fifth person we observed was supported to have a drink from a beaker although the staff member did not interact with them at all. The person displayed signs of anxiety. After 10 minutes a different staff member came to offer a drink and chatted to them at which point they visibly smiled and relaxed. The person's wheelchair was moved so they could face the room and observed what was happening. Another staff member came and wheeled the person out of the room without speaking to them or telling them where they were going. When they returned to the lounge they were again only briefly interacted with by staff. During the time we observed this person they showed signs of anxiety for much of the time only relaxing when staff interacted in a positive way.

Our SOFI showed that staff did not always have the skills to be able to support people with dementia. Staff focused

Are services caring?

more on tasks such as giving people drinks and taking them to the toilet rather than positive communication. Staff had not always considered the needs of people they were supporting and how this may have impacted on their emotional well-being. For example, staff did not always tell people what was happening or offer them choices. There were no attempts at engaging any of the people in the room in meaningful activity. Conversations between staff and people were short and lacked any meaningful content. For example, limited to passing comment on the weather of if they enjoyed their tea. Some staff was more skilled at this than most and were able to talk with people even when there was limited response. We found that staff were not always thoughtful or considerate in their approaches during this period of observations and most did not demonstrate any skill at being able to engage and support people with dementia. Improvements should be made in this area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During our inspection we spoke with ten people who used the service, three people's relatives and carried out observations. We wanted to find out if people received the individual support they needed and that they were listened and responded to.

The relatives we spoke with told us they had been kept up to date with important information about their family member and felt communication between the home and themselves was good. One person's relative told us, "Things have really improved and we have occasional meetings for relatives where we are invited to share our views and concerns. Things have indeed changed for the better and we feel heard".

During our inspection we found that some people went to 'Brambles' which was the provider's daycentre. There were activity schedules on noticeboards which showed the planned activities for the week at the centre and the manager told us that people could choose whether they wanted to attend or not. We saw no evidence that staff had actively promoted the events at Brambles or encouraged people to participate.

We saw no evidence that the majority of people who had not gone to Brambles had been engaged in any meaningful activities. During our inspection we observed that many people spent most of their time in their bedroom. We asked staff why this was and were told that people did not want to come out of their rooms. In contrast, most people in the specialist dementia unit spent their time in the communal lounge and our observations also showed there was no attempt to engage people in meaningful activity in this unit either.

We asked people we spoke with about how they spent their time. One person said, "My legs are bad and I can't walk far so I don't go out. I would like to but there are not enough staff to push wheelchairs, so we just get pushed round the garden". Another person told us, "I can feel a bit isolated at the end of the corridor as there is hardly ever anyone walking past". Another said, "I didn't know I was going to feel so depressed here". Further comments included, "There are lots of activities for dementia patients but none for us" and "I would have gone to some of the activities, but nobody reminded me when they were happening and I forget a lot". The comments we received showed that people did not always have access to activities that were relevant to them and they were not protected from the risks of social isolation.

We looked at the records and care plans for nine people who used the service and found limited evidence that people's views and choices about their care and support had been sought and recorded. People had a 'My Life and Social Inclusion' care plan which aimed to capture what was important to an individual and how to enhance their quality of life. Whilst one of the plans we looked at contained appropriate detail about the persons' interests, preferences and choices, the others did not. For example, one person's plan stated their religion and said, 'I like reading'. There was no further information about how to provide appropriate opportunities to promote this person's quality of life.

We considered that this amounted to a breach of Regulation 17 of the Health and Social Care Act 2008. The action we have asked the provider to take can be found at the back of this report. This is because people had not always been enabled to make decisions relating to their care and treatment and had not been encouraged to express their views about what was important to them.

The provider had taken action to gather people's views about the quality of service provision. We found that regular relatives and resident's meetings were held. Records of these showed that people were encouraged to talk about issues affecting the home and were asked for suggestions about how to improve the quality of service provided. We saw that at the last meeting people had been asked for suggestions of activities at the home and as a result the manager was looking into getting additional singers into the home. The manager had also carried out an annual quality assurance questionnaire which looked at the quality of service provision including staff behaviour, cleanliness, décor and food. The questionnaire had been collated into a report but there was no action plan about how the information was going to be used to improve the quality of service provision.

The provider had an appropriate complaints policy in place. The registered manager recorded all complaints and concerns received. We looked at a copy of the complaints log and found that concerns and complaints had been

Are services responsive to people's needs?
(for example, to feedback?)

appropriately responded to within a timely manner. However, the complaint log did not always record the action taken to investigate people's complaints so that improvements could be made in this area.

Are services well-led?

Our findings

During our inspection we spoke with people who used the service and their relatives. We wanted to find out if there was effective management and leadership in place and how this impacted on the care being provided.

People we spoke with felt they had seen real improvements in the service since the new registered manager had been in post. We were told that the manager was friendly and approachable and everybody we spoke with felt they would be able to raise concerns or complaints. Comments included, "She's changed a lot of things since she took over and I know I can pop my head round her office door if I have any concerns", "Things are much better now", and "It's a much more relaxed environment here now".

We spoke with the 11 staff members, including care assistants and nursing staff and found they were all positive about their work and understood their role and responsibilities. There was a clear management structure within each unit of the home and staff spoke positively about their experiences of working at the home. Staff knew about the provider's whistleblowing policy and said they would be comfortable raising any concerns they had with the manager of the service. This demonstrated there was an open culture at the home.

Staff had a good understanding of the needs of people who used the service and were kind and friendly in their interactions. However, our observations found that staff were focused on assisting with practical tasks and did not always consider the person's emotional wellbeing. We found the staff team had regular team meetings and there was a schedule of competency checks, supervisions and appraisals in place. Staff also had access to an induction programme which 70% of the staff team had completed. However, we found that some staff had not always received adequate training that would enable them to deliver effective care to people and improvements should be made in this area.

The provider had systems in place to asses and monitor that there were sufficient numbers of staff, including nursing staff, on duty at all times. We saw an assessment had been carried out to determine how many staff were required to be on duty at all times of the day so as to ensure people's needs were met. We looked at the rota and saw that staffing numbers reflected the assessment. During our inspection we saw that staff were responding promptly to people when they requested help and nobody we spoke with raised any concerns about staffing levels at the home.

We found there was an effective quality assurance system in place to ensure the risks to people were being assessed, monitored and responded to. These included regular checks of the environment, reviews of care plans and risk assessments and audits of incidents, accidents and complaints. In addition, there had been infection control audits, falls audits and call bell audits amongst others. This demonstrated that the manager was monitoring the quality of care and support it provided. However, we were unable to assess how well these audits had been undertaken. There were also no action plans or similar in place to ensure that deficits in performance were rectified or that good practice was used to drive further improvement. Improvements could be made in this area.

The provider had plans in place to deal with any foreseeable emergencies which may have affected the running of the service. There were a number of policies and procedures in place to ensure people's safety and the quality of service provided. These were in the process of being updated at the time of our visit.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting Workers How the regulation was not being met: Staff had not been supported to deliver safe and effective care due to a lack of appropriate training. Regulation 23 (1) (a)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting Workers How the regulation was not being met: Staff had not been supported to deliver safe and effective care due to a lack of appropriate training. Regulation 23 (1) (a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting Workers How the regulation was not being met: Staff had not been supported to deliver safe and effective care due to a lack of appropriate training. Regulation 23 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and Involving people who use services. How the regulation was not being met: People had not always been enabled to make decisions relating to their care and treatment and had not been encouraged to express their views about what was important to them. Regulation 17 (1) (b) (c) (ii)(g)

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Compliance actions

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and Involving people who use services. How the regulation was not being met: People had not always been enabled to make decisions relating to their care and treatment and had not been encouraged to express their views about what was important to them. Regulation 17 (1) (b) (c) (ii)(g)

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	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and Involving people who use services. How the regulation was not being met: People had not always been enabled to make decisions relating to their care and treatment and had not been encouraged to express their views about what was important to them. Regulation 17 (1) (b) (c) (ii)(g)