Anchor Trust

The Firs Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Firs Residential Home provides accommodation and personal care for up to 40 people, the majority living with dementia. The service was divided into four units, Willow, Cedar, Pine and Holly. Each of which had bedrooms, communal kitchenette/dining and lounge area. People could move freely between these units. In addition there was a main kitchen where meals were prepared and communal rooms where activities took place, which people could sit in and where they could entertain their visitors.

There were 38 people living in the service when we undertook this comprehensive unannounced inspection on 17 October 2017. We brought this inspection forward following concerns we received about and from the service. These included concerns about staffing, medicines and the care provided to people.

There was a registered manager in place. 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.

This service was rated as Good at our last inspection of 12 January 2016. During this inspection of 17 October 2017 the overall rating was Requires Improvement this was because improvements were needed in Safe and Responsive.

Improvements were needed in people's care plans to identify how people were provided with person centred care which was tailored to meet their specific needs. The registered manager told us that they had introduced guidance for staff to improve the care planning documentation. However, this was not yet fully implemented at the time of our inspection.

Improvements were needed in how people were provided with their medicines which were prescribed to be administered externally, including creams. Discussions with the registered manager and records showed that this had been identified as an area for improvement but this had not yet been fully implemented to ensure that people received these medicines as prescribed.

Staff were available to provide the support needed by people. There had been some issues in staff numbers and the registered manager, staff and relatives told us this had improved. These improvements were ongoing.

Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service.

There were systems in place to keep people safe, this included appropriate actions of reporting abuse. Staff were trained in safeguarding and understood their responsibilities in keeping people safe from abuse.

People were cared for and supported by staff who were trained and supported to meet their needs effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were treated with respect and care by the staff working in the service. People's choices and routines were listened to and respected.

There was a system in place to manage complaints and these were used to improve the service.

People were provided with the opportunity to participate in activities that interested them.

There were quality assurance systems in place which assisted the provider and the registered manager to identify shortfalls and address them. Where shortfalls were identified there were plans in place to address them to improve the service. However, these were not yet fully implemented to ensure that people were provided with good quality care at all times.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were needed in how people were provided with their medicines prescribed for external use, such as creams. There were plans in place for these improvements but they were not yet fully implemented.

Improvements in staffing numbers were ongoing to ensure that there were enough staff to meet people's needs safely. The systems for the safe recruitment of staff were robust.

There were systems in place designed to minimise risks to people and to keep them safe from abuse.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were needed in how people's wellbeing and needs were assessed and planned for to ensure their individual needs were being met. There were plans in place to make these improvements by they had not yet been implemented.

People were provided with the opportunity to participate in meaningful activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Good

The service was well-led.

There were quality assurance systems in place which helped the provider and registered manager to independently identify shortfalls. The registered manager was fully aware of improvements needed and these were in progress but not yet fully implemented.

The service provided an open culture. People were asked for their views about the service.

The Firs Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place 17 October 2017 and undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for older people.

We reviewed information we had received about the service such as the last inspection report and notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with 10 people who used the service and nine relatives. We observed the interaction between people who used the service and the staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

We looked at records in relation to six people's care. We spoke with the registered manager and seven members of staff including the deputy manager, team leaders, care and catering staff. We looked at records relating to the management of the service, three staff recruitment files, training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Safe was rated as Good at our last inspection of 12 January 2016. At this inspection of 17 October 2017 we found that improvements were needed to ensure people were provided with a safe service at all times.

Medicines administration records (MAR) for tablets were appropriately completed which showed that people received their prescribed medicines when needed. However, the records for topical medicines, such as creams required improvement. There were body charts in place showing where on the body the creams needed to be applied. However, these charts and the MAR stated to administer these medicines, "As directed." We spoke with the registered manager about his and they told us that they had requested that the supplying pharmacy include the directions on the MAR.

The MAR for the administration of these prescribed medicines had gaps, despite there being guidance advising for staff to complete the MAR with codes to identify the reasons for non-administration. The registered manager told us that this had been identified in their own quality assurance processes. However the actions they had taken had not fully addressed the problem of non-recording. Therefore there was no assurance in place that people were receiving these medicines as prescribed.

In July 2017 we received a notification from the service regarding missing medicines. This had been identified during the service's own systems for monitoring medicines. The service had taken appropriate action by reporting this to the local authority and police, investigating, completing searches for these medicines and undertaking audits. During our inspection we spoke with staff and the registered manager. These medicines had not been located or what had happened to them. To reduce future risks staff told us that the medicines that required specific recording and storage were checked each evening and morning to ensure that all of these medicines were accounted for. We observed the morning check of these medicines which was completed by two senior members of staff.

People's medicines were kept safely but available to people when they were needed. Checks were undertaken to ensure that medicines were kept at a safe temperature. Medicines that were stored in their original packaging were in date and the date of opening had been recorded by staff. This reduced the risk of people being provided with medicines which were not as effective because they were past the use by date.

Staff were aware of the importance of administering medicines that were time specific and we saw that this was addressed during our inspection. We observed part of the morning administration round and saw that the staff did this safely. People were not rushed by staff and they supported people in the ways that they preferred to take their medicines.

Where people were prescribed medicines to be taken as required (PRN), for example to reduce their anxiety, protocols were in place. These guided staff at what point these medicines should be considered for administration. This reduced the risk of inappropriate administration of PRN medicines.

There had been some concerns received about staffing in the service. In September 2017 we received a

notification from the service which told us that there were vacant hours on the staffing rota and the actions taken to address this, including actively recruiting to the vacant roles and working with the provider's recruitment team. Relatives, people and staff were kept updated with the actions and improvements being made. In the interim agency staff were used to fill the vacant shifts. The notification said this had happened because staff had left and they were facing difficulties recruiting. During our inspection we found that improvements had been made and were ongoing.

Staff we spoke with told us that there were new staff working in the service and improvements had been made. One said, "A load of new staff have started, it was dreadful but they [management] have done something about it." Staff told us that they were a good team and had pulled together to support each other. They said that people's needs had been met because the service had used a regular group of agency staff who had also supported them. People's relatives told us that improvements with staffing levels had been made. One person's relative said, "There were some staffing issues, it is better now." Another relative commented, "There has been problems with staffing, not enough in my opinion, but I am told it is getting better." Another relative said, "There was an issue with staffing levels a short while ago, but levels have increased of late. It's much better now."

The registered manager told us that they had also increased the numbers of 'bank' staff who could be called upon to cover shifts. This was confirmed when we saw a bank staff applicant brought their disclosure and barring [DBS] certificate and details for the registered manager to make the recruitment checks.
One person said, "If I need them [staff], they come to see me quickly." One relative commented that when they visited the person they felt that there were enough staff to meet the person's needs and that when they had requested assistance this was done promptly.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were safe living in the service. One person's relative said, "I know [person] is safe here." Another person's relative commented that their relative was safe in the service and they had chosen the service because, "It felt right. We can't fault the place."

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Where a safeguarding concern or incident had happened, the service had reported this to the appropriate organisations who had responsibility for investigating any safeguarding issues. The service had taken action to reduce the risks of future incidents, this included undertaking internal investigations, taking disciplinary action, advising staff of their responsibilities, staff training and increasing observations on people to minimise the risks. However, following our inspection visit we received a notification from the service which showed that the increased observations had not been wholly effective to prevent risks to people. We were assured that appropriate and immediate action had been taken by the registered manager following this incident.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. The risk assessments were regularly reviewed and updated. Where people were at risk of developing pressure ulcers systems were in place to reduce these, this included seeking support from health professionals. Where people were at risk of falls actions were taken to reduce future risks, including referrals being made to health professionals.

Risks to people injuring themselves or others were limited because equipment, including hoists, portable

electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There were also records in place to show that there were systems to check the risks of legionella bacteria in the water in the service.

Safety checks were also undertaken, for example in window restrictors, wheelchairs and the call bell system to ensure they were safe and in working order. There was a business continuity plan in place which guided staff on actions they should take in case of an emergency, including a gas leak or flood.

Good

Is the service effective?

Our findings

Effective was rated as Good at our last inspection of 12 January 2016. At this inspection of 17 October 2017 Effective remained Good.

There were systems in place to provide staff with training and to achieve qualifications in care to assist them in meeting people's needs effectively. Records showed that the service had achieved a high number of attendance with the training that staff were required to attend. This ranged between 83.33% and 100% of staff having received training, with the majority being at 100%. Training provided included medicines, infection control, moving and handling, food hygiene and safeguarding. In addition staff were provided with training in people's specific needs including dementia, equality and diversity, bed rails and falls.

Staff told us that the registered manager had improved the training that staff completed. One said, "[Registered manager] makes sure all of us have done the training we should do and gives us the chance to do anything else we are interested in or to develop us." Staff told us that they were provided with the training that they needed to do their job and meet people's needs. One staff member told us that they were doing a moving and handling coaching course and a course to assess qualifications. On the day of our inspection there were two training sessions in health and safety. Notices in the service showed that training was booked for fire safety in October 2017 and skin care/pressure ulcers in November 2017. This showed that there were systems in place to ensure that staff were trained to meet people's needs effectively.

New staff were provided with an induction course and with the opportunity to undertake the care certificate. This is a recognised set of standards that staff should be working to. This showed that the service had kept up to date with changes in the staff induction process and took action to implement them. In addition new staff undertook shadow shifts where they shadowed more experienced staff in their induction. During our inspection we saw this being done. Experienced staff spoke with each other to ensure that the staff that were shadowing did not undertaken tasks that they were not yet confident and competent to do. One of the staff who was shadowing another said, "I'm settling in, enjoying it." They told us about the training courses they had attended and others that they were booked on as part of their induction.

Staff told us that they were supported in their role and were positive about the changes and improvements the registered manager had made. The registered manager showed us their plan to ensure that staff were provided with regular one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 understood when applications should be made and the requirements relating to MCA and DoLS. Applications had been made as appropriate to ensure that any restrictions on people were lawful. The registered manager told us and records confirmed about how best interest meetings were held with others involved in people's care, such as other professionals and relatives, when people needed assistance with making decisions.

People told us that the staff asked for their consent before providing any care. One person's relative commented, "They always ask [person for their consent] before they do anything." We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service.

Care records identified people's capacity to make decisions and where they required support there was evidence to show that decisions had been made in people's best interests, for example relatives and other professionals involved in their care. People, or where appropriate, relatives had signed care records to show they consented to the care planned for.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of good quality food. One person said, "The food here is always nice." During breakfast we saw people having choices of food including toast, cereal and cooked breakfast. One person ate their toast but said they did not want their cooked breakfast. We saw staff encourage then to eat, which they then did. Another person told us that their cooked breakfast was, "Lovely." They showed us how they ate it telling us about each item they ate and showed us their spoon and fork which they preferred to eat with.

During lunch and breakfast people were encouraged to eat independently and staff promoted independence where possible. Where people required assistance to eat, this was provided on a one to one basis allowing people to eat at their own pace. This included the support we saw a person receiving to eat in their bedroom. The staff member encouraged the person to eat and talked with them about what was on their plate. The person did not eat much of their meal and we saw this staff member report this to a colleague and they said that they would try to get the person to eat later. This showed that the staff knew the importance of the person eating but did not overwhelm or pressure them.

A positive dining experience was created in the dining rooms. People were served with their choice of meals and to aid their understanding what was on offer, staff showed them the choices they could make. The meals looked and smelled appetising.

People were provided with choices of hot and cold drinks throughout the day. This meant that there were drinks available for people to reduce the risks of dehydration. However, where people's care plans directed staff to ensure that people were drinking enough fluids to reduce risks there was no indications how much to drink these people were recommended to have. The registered manager and deputy manager said they would address this.

Staff had a good understanding of people's dietary needs. Catering staff were knowledgeable about

people's individual dietary needs, including consistencies of softer diets that may be required for people who were at risk of choking or who had difficulty chewing food. They explained how people were provided with fortified diets, including high calorie drinks to maintain a healthy weight. Where recommendations from health professionals regarding people's dietary needs were received a copy of this was also provided to the catering staff to ensure that they were aware of people's individual needs. We did receive concerns that meals that were provided to meet people's specific meals were sometimes returned on the food trolleys which raised concerns that that people were not receiving their meals. We spoke with the registered manager about this who said that this would not have happened because staff were provided with information on each unit. There was information posted on the back of cupboard doors in the kitchen areas of the units. This identified the specific dietary needs of each person, for example if they required a softer, fork mashable and allergies. However, the registered manager told us that they would speak with the catering staff about what we had fed back to ensure people were provided with a suitable diet.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake. The registered manager told us how a person had moved into the service of low weight and because of the care provided they were now a healthy weight. This was confirmed by the person and their relative. The person told us, "Without the home I doubt I'd be alive now."

Records were kept of what people had eaten and there were feedback forms where the staff had recorded people's comments about the food.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person's relative said, "If anything happens they let us know and get the right people [other professionals] in."

People's health needs were met and where they required the support of healthcare professionals, this was provided. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. We saw that the service had made referrals to health professionals when they had been concerned about people's wellbeing, this included relating to their mental health, continence and falls.

Good

Is the service caring?

Our findings

Caring was rated as Good at our last inspection of 12 January 2016. At this inspection of 17 October 2017 we found that Caring remained Good.

People spoken with said that the staff were caring and treated them with respect. One person said, "They [staff] treat us well." One person's relative commented, "Staff seem to love and genuinely care for the residents." Another relative told us how the service's staff had shown care and compassion when the person needed to move into the service, this included keeping the family updated on how the person was settling in. Another relative said, "I can't fault the staff here, they are always polite."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. We observed examples of kind and compassionate care. We saw staff supporting a person to move from a wheelchair into an arm chair, which was done safely. This person became anxious whilst this happened by hitting out at the staff. The staff were calm and caring in their interaction. Once the person was safely in the arm chair, one staff member spoke with the person calmly and then the person smiled. In addition whilst the staff were assisting the person using the mobility equipment they ensured that the person's dignity and privacy was respected by covering their legs to ensure that during the process they were not uncovered.

When staff were supporting people with their medicines they did this in a caring and patient manner. They explained to people what their medicines were for when people asked and they sat with people until they had been taken. The care records identified how people preferred to take their medicines but during administration we saw a person become confused about what they should do with the medicines which had been provided in a small pot. The staff member explained what they needed to do with them in a caring way, such as making eye contact. They tried different methods of supporting the person, giving time between each attempt so not to confuse the person further. The staff member gave another person a drink to take with their medicines, "Here you are, the red drink that you like."

One person talked about the music playing on the radio and started a sing song with others in the communal area. The staff told us how the person played the piano for people, which made the person smile.

Staff talked about people in a caring and respectful way. They knew people well and were able to tell us about people and their needs.

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as the times of getting up in the morning and going to bed at night. Records of care reviews were in place where people and their relatives were consulted about the care provided. Relatives we spoke with said that they had been consulted about the care that their relative required and received.

One person told us how their independence and choice was respected and said, "They allow me a lot of freedom, so I can even go down to the pub for a pint with my mates." One person's relative told us how the staff respected their relative's privacy, "[Staff] always knock on the door before they come in to [person's] room." People's care records guided staff on the importance of respecting people's privacy, dignity and independence. The records identified the areas of care that people could attend to independently and where they needed the support of staff.

Requires Improvement

Is the service responsive?

Our findings

Responsive was rated as Good at our last inspection of 12 January 2016. At this inspection of 17 October 2017 Responsive required improvement.

On one of the units in the service we noted a smell of urine. We spoke with staff about this and they confirmed that this was due to a person's continence issues. They told us about actions that were being taken to reduce the smells and to meet the person's needs. This included having new flooring, seeking support from a continence nurse and the continence equipment that the person used. We reviewed this person's records, the outcomes from the continence professional visit were recorded but the care plan had not been updated to guide staff about how the person's needs were being met. This was also the case for another person who had received a visit from a dietician, their recommendations were in the care records but the care plan had not been updated to show how these recommendations were incorporated into their daily care. This meant that the most up to date guidance on how people's needs were to be met was not provided to staff.

The records of one person who had diabetes included information about the signs and indicators of hyperglycaemia, however there was no information to guide staff on the actions they should take when this happened.

One person's records stated that the person had depression and anxiety there was no clear detail about how the person demonstrated their anxiety and depression and how it affected their daily living. Nor was it detailed the support they required.

Records relating to where people had displayed behaviours that may be challenging to others required improvement. Not all of the entries in these records detailed the specific behaviours that people displayed nor the actual support they were provided with following their distress. For example descriptions of incidents included, "Aggressive to both [staff] and myself," "Verbal and physical," and "Agitated." These descriptions of behaviours varied from person to person and did not give a clear account of what happened and what behaviours were displayed. Records of actions taken by staff included, "Reassurance," which did not clearly explain what support was provided. The care plans identified what support people required when displaying behaviours that may be challenging to others but the records of incidents did not give a clear picture of what had happened, possible triggers and support provided. Without this information there was no a clear tool in place to monitor the people's wellbeing and further identify triggers to distress and tried and tested interactions that impact positively on the their wellbeing.

One person's records included a body map where staff had identified a bruise on the person's knuckle, staff recorded, "Think [person] might have hit the wall." This was an assumption and not based in fact. The staff could not be assured that this was what had happened.

Another person's care records stated that the person wore spectacles and needed to wear them. We did not see this person wearing their spectacles. We fed this back to the registered manager who would check on

this.

We also spoke with the registered manager about the use of language in records relating to 'important decisions.' It was clear in the records who these decisions were important to and how the judgement had been made about what was an 'important decision' made by people.

People's daily records identified the care and support provided to people. Improvements could be made to include any activities, interactions and quality of these interactions. There was no detailed information about the quality of the person's day, instead the records were more task based, for example, "Wet in bed," "Clean pad and clothes," and, "Good breakfast." One person's records stated that the person was, "Very confused," but there was no further information about how the staff knew the person was confused, what they were doing at the time and how long the person was confused for.

The registered manager told us that the shortfalls we had identified had been picked up by their own quality assurance processes. They showed us a document which had been developed to guide staff on how to record effectively in people's records and staff were being advised on how to improve the records. These improvements were not yet fully implemented.

Despite the shortfalls we had identified in records discussions with staff showed that they knew people well. In addition we saw examples of where staff had responded appropriately to people's needs. For example, one person took out their dentures while they were eating their meal. They had put them on their plate and started to wrap them up in a napkin. A staff member spoke with them about wearing them and the person said they did not want to. The staff then offered to clean them which the person agreed to. After this we saw another staff member and the registered manager ask the person about their dentures, which showed that care was taken to ensure that they wore them.

When a person became distressed saying that another person had threatened them we saw that the registered manager reassured and supported them. The registered manager told us that the person more than likely did not threaten the person but pointed. Later in the day we saw this person when the person they were concerned about made a grab for them. A staff member quickly intervened by stepping between the both and diverting and reassuring both people. We told the registered manager about what we had seen and they said that they would look into this incident to check that the person was safe.

Staff understood how they should support people and others with behaviours that may be challenging. A staff member told us how they supported a person who displayed behaviours that others may find challenging by, "We just try and reduce the tension, move the source of annoyance away or move [person] away from the source. Often we can distract [person] and intervene in a quiet way." One person said that we had taken their cardigan, which was causing them some anxiety. A staff member intervened quickly and spoke with the person calmly and diverted them and said, "Shall we go and look for your black cardigan in your room?" The person smiled and went with the staff member to their bedroom.

People told us that they felt that they were cared for and their needs were met. One person said, "I am very happy." One person's relative said, "They [staff] are very good with [person]. I think [person's] needs are met." Another relative commented, "We know we made the right decision to bring [person] here." Another relative told us that they were concerned about their relative's wellbeing during a recent hospital stay, when they had told management about their concerns, "They [management] went in [to see person at hospital] and assessed [person] and brought [them] back so that they could look after [person] properly here. [Person is] now very much better."

The registered manager shared with us examples of how they had been successful in supporting people and how the service had responded to their needs. For example, one person who had moved into the service had improved and they were now looking at the person moving into a supported living service.

People told us that there were social events that they could participate in. One person was reading a newspaper at a table, we spoke about the news. They told us, "I have it [newspaper] every day, even Sunday." We saw a person washing up in one unit, they also assisted people such as helping them take off their apron when they had met. We asked the person about this and they said, "I like to help where I can. Keeps me busy." A group activity of baking was being held in the communal area. The activities staff told us that people had also had a walk in the garden because the weather was nice. People were having their hair done by a visiting hairdresser in the salon in the service. An activities programme was displayed around the service. These included visits to a local pub, visiting entertainers, cheese and wine, Halloween buffet, current affairs, gardening and baking. There were photographs around the service of people participating in activities such as painting.

There was a communal room on the first floor which held a large screen where films could be played, a stage and musical instruments, including a piano, tambourines and a guitar. This was decorated by music sheets, vinyl records on the wall. One person sat and listened to the music in this room. They said that they liked being in there and said, "I like this music."

The registered manager told us about how they encouraged people and their relatives to participate in meaningful activities. For example one person's spouse had done gardening with the person. We saw this person going out into the garden with their spouse. Another staff member had also told us about this and we looked out of the window and complimented the person on the garden, which made them smile.

People told us that they could have visitors when they wanted them and relatives confirmed that there were no time restrictions on when they visited their family members. We saw people entertaining their visitors. This reduced the risks of people becoming lonely and isolated.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. One person's relative told us, "If I have a problem, I just take it to [registered manager's] office."

People's complaints were investigated and responded to in line with the provider's complaints procedure. Complaints had been used to improve the service and experiences of people, for example by displaying the improvements made in staffing levels on a notice board and updating risk assessments. Where complaints were upheld, people and their representatives, where appropriate, were provided with an apology.

We received a concern in August 2017 regarding the care provided to people and moving and handling. We wrote to the service and the registered manager responded to these concerns fully which assured us that appropriate actions were being taken to meet people's needs.

We received another concern from a person's relative regarding the care provided in July 2017. We asked the registered manager to investigate the relative's concerns and respond to the relative in writing. This was done and the registered manager sent us a copy of the letter, which apologised for the concerns which were upheld. The relative spoke with us following this and advised that they were not fully satisfied with this and had told the registered manager. The registered manager was working with the family to improve the services their relative received.

Good

Is the service well-led?

Our findings

Well-led was rated as Good at our last inspection of 12 January 2016. At this inspection of 17 October 2017 Well-led remained Good.

There had been a change of registered manager since our last inspection. The current registered manager had been registered with the Care Quality Commission since December 2016. A staff member told us that the registered manager was planning to leave the service in November 2017, which was confirmed by the registered manager. They told us that the provider was actively recruiting to the role.

Staff were positive about the registered manager. One staff member said that they could go to the registered manager at any time and were confident they would be listened to. Another said, "[Registered manager] has picked up the home a lot since being here, done a lot to improve the training."

People's relatives told us that they felt that the service was well-led. They said that they could speak with the registered manager or staff if they had any concerns. Visiting relatives told us that the registered manager kept them informed of any issues and news that may impact them or their relatives. One person's relative commented on the improvements made in the service, "The manager is very good, we can go to [them] at any time really. They have kept us updated about the staff situation."

In the time the registered manager had been working in the service they had made improvements in the service and were fully aware of further improvements required, which were in progress of being made but not yet fully implemented. For example in care plans and cream administration charts.

The registered manager was supported by a deputy manager. The registered manager and deputy manager understood their role and responsibilities and were committed to providing good quality care for the people who used the service. The registered manager told us that they felt supported by the provider.

There was an open culture in the service. People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included in quality assurance questionnaires. The summary of these questionnaires was displayed on a notice board in the service where it stated 'you said we did'. This informed people and visitors of the outcomes and actions being taken as a result of their comments. People and relatives were also provided with the opportunity to attend meetings. One person's relative told us how they attended meetings and in these they were kept updated with any changes in the service, including with staffing, and they could raise concerns. The minutes from a relative meeting in July 2017 showed that they were updated with the outcomes to the last satisfaction questionnaires and actions taken relating to the staffing levels.

We saw records of engagements with people where they discussed activities and did food tasting so they could make choices and the food provided.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told

us that they could go to the registered manager if they needed any advice or support. They also said that they felt that the provider, "Is a good company to work for."

Heads of department meetings were held. In these meetings issues in the service provision were discussed and improvements being made. There were a range of meetings for staff to receive feedback of the service, information of changes and to offer their views. These included meetings for staff, team leaders and housekeeping staff.

There was a notice board in the service called a recognition board where the names of staff were. The registered manager told us that the staff names were put on these after being nominated by people, relatives or colleagues for their positive work.

The provider's and registered manager's audits demonstrated that checks were made in the service to minimise the risks to people and actions were planned and taken when shortfalls were identified. These audits included medicines, falls, care records, health and safety, infection control and hand hygiene. Incidents and accidents, such as falls, were analysed and possible trends were identified to support the registered manager to identify how improvements could be made to reduce future risks.

There was work being done on the car park, where the registered manager told us had a risk of flooding. We saw that a new carpet cleaner had been delivered and the representative from the suppliers trained the domestic staff on its use.