

Akari Care Limited

Felmingham Old Rectory

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 20 and 21 October 2016 and was unannounced.

Felmingham Old Rectory provides residential care for up to 41 older people. At the time of this inspection there were 30 people living within the home. All of these people were living with dementia and few could tell us verbally about their experiences of living in the home.

The accommodation is over two floors of a period building with a number of communal areas including lounges, a dining room and two conservatories. Some bedrooms have en-suite facilities.

There was a registered manager in post. 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.

At our last inspection in October 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to cleanliness, infection prevention and control issues and the governance of the service. At this inspection, carried out in October 2016, we found that the provider had made sufficient progress to no longer be in breach of the regulations.

The provider had processes in place to mitigate the risk of employing staff who were not suitable to work in the service. Staff received an induction, ongoing training, regular support and appraisal of their performance.

People benefited from receiving care and support from staff that told us they were happy in their roles, felt valued and listened to. Staff morale was good and they demonstrated team working abilities. There were enough staff to meet people's needs.

Staff demonstrated a kind and patient approach when delivering care and support. They demonstrated respect and empathy. People were supported to remain as independent as possible and encouraged to make their own decisions.

Care was delivered discreetly and people's dignity and privacy was maintained. Staff were aware of confidentiality and took steps to protect this. People had the freedom to spend the day as they wished and were supported to do this.

Processes were in place to help reduce the risk of people experiencing abuse. Staff had received training in this topic and demonstrated knowledge of how to prevent, protect, identify and report abuse.

The individual risks to people had been identified and appropriate measures had been implemented to

manage these. The service encouraged positive risk taking. Accidents and incidents had been robustly recorded and analysed to identify any trends in order to mitigate future risk.

The risks associated with the building and work practices had been assessed and checks were in place to help mitigate the risks associated with these. Robust maintenance checks were in place and comprehensively recorded. An emergency plan was in place to manage adverse events.

People received their medicines as the prescriber intended. The service used an electronic system to manage and administer people's medicines that assisted in mitigating risk. Staff had received training in this and had their competency to perform this task assessed.

The service had introduced infection prevention and control leads and had made improvements in their processes since our last inspection in October 2015. Further improvements were still required and the service had a development plan in place to achieve this.

Improvements had been made in making the environment more stimulating for those people living with dementia. The garden had been refurbished and was accessible. People had freedom to move around the home and gardens.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service had made appropriate referrals for consideration to legally deprive some people of their liberty and care and support was being delivered in ways that did not overly restrict people.

Care plans had been developed in order to provide person centred care and they were individual to people's needs. Regular evaluations and reviews had taken place to ensure any changing needs were met.

Staff knew the likes, preferences and concerns of those they supported. They were able to tell us about people's life histories, needs and personal circumstances. We saw that staff knew how to reassure and comfort people when they became upset. People received regular stimulation and interaction.

People received enough to eat and drink and had a choice in this. Snacks and a choice of drinks were available throughout the home. The service made prompt and appropriate referrals to a wide range of healthcare professionals as and when required. The healthcare professionals we spoke with told us that the service followed their recommendations and that staff had good knowledge of the people living in Felmingham Old Rectory.

The home had a comprehensive system in place to monitor the quality of the service and drive improvement. They had identified that further improvements were required in relation to the environment of the home and a plan was in place to achieve this. Complaints were investigated and responded to appropriately and they were used to develop the service further.

The registered manager and senior management team had a good overview of the service and processes were in place to ensure this. People told us that the management team were supportive, approachable and had worked hard at driving recent improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities in relation to preventing, protecting, identifying and reporting potential abuse.

The service had taken the necessary action to identify and mitigate risks associated with the people who used the service, working processes and the premises.

There were enough staff to meet the individual needs of the people the service supported. Staff had been recruited following processes that reduced the risks of employing unsuitable staff.

Is the service effective?

Good ●

The service was effective.

There were enough suitably skilled and trained staff to meet people's needs. Staff received regular support and felt valued in their roles.

Staff had basic knowledge of the MCA and the service adhered to its principles.

People's nutritional needs were met and they had choice in what they had to eat and drink. The service supported people to maintain their health and wellbeing.

Is the service caring?

Good ●

The service is caring.

People received care and support in a kind, compassionate and respectful manner and staff demonstrated patience and empathy.

Staff understood the wellbeing benefits of maintaining people's dignity, offering choice and supporting independence.

People, where appropriate, had been involved in the planning of the care they received and family members had been part of this

process as necessary.

Is the service responsive?

Good ●

The service was responsive.

Care plans were developed that were individual to people and contained accurate, up to date and relevant information in order to meet people's needs.

Activities took place and people received regular social interactions.

The service robustly investigated any concerns or complaints received and used them as opportunities to develop and improve the service.

Is the service well-led?

Good ●

The service was well-led.

The provider had an effective system in place that monitored the quality of the service and drove improvement.

People benefited from a staff team who demonstrated good team working ability and understood the positive impact of this.

The management team were approachable, supportive and visible. A culture of warmth, inclusiveness and transparency was nurtured.

Felmingham Old Rectory

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 took place on 20 and 21 October 2016 and was unannounced. One inspector and an expert-by-experience carried out the first day of 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. The second day of inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team, the local authority quality assurance team, two GP surgeries, a social care professional and one healthcare professional for their views on the service.

During our inspection we spoke with five people who used the service, four relatives and one visitor. We also spoke with the registered manager, one deputy manager, one cook, one domestic assistant and two care assistants. We observed care and support being provided to the people who used the service on both days.

We viewed the care records for three people and the medicines records for five people who used the service. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, staff training records, compliments and complaints, quality monitoring audits and minutes from meetings held.

Is the service safe?

Our findings

At our previous inspection carried out on 6 and 7 October 2015, we found that people were not receiving safe care and treatment. This was because the people who used the service were not fully protected against the risks associated with the spread of infection. We had found concerns in relation to laundry processes, cleanliness and hygiene standards. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out on 20 and 21 October 2016, we found that although further improvements were required, the service had made sufficient progress to no longer be in breach of this regulation.

At our previous inspection carried out in October 2015, we found that there was no dirty to clean flow for processing dirty linen nor any handwashing facilities within the laundry area. A deep sink was also being used to clean dirty commodes and empty and fill housekeeping buckets. These processes posed a risk of cross contamination to clean linen. Following this inspection, the provider sent us a plan to explain what actions they would be taking in response to these concerns. They told us that they required a period of 12 months to review the laundry facilities and complete any actions in response.

At this inspection, carried out in October 2016, we saw that the provider had made improvements to the laundry facilities and processes. The laundry area had been relocated and separate segregated areas were in place for clean and dirty linen. Handwashing facilities were in place and clean linen was stored and processed in a separate area. The cleaning of dirty commodes and the filling of housekeeping buckets were no longer taking place within the laundry area. Although the refurbishment improvements were not fully completed at the time of this inspection, sufficient progress had been made to ensure appropriate systems were in place to mitigate risks associated with the spread of infections.

Since our inspection in October 2015, the service had increased the housekeeping hours by 30 hours per week. Cleaning schedules and records had been reviewed and amendments made to ensure they covered all areas of the home. One staff member we spoke with confirmed these actions had taken place and was positive about the changes. They told us that the domestic team undertook one deep clean a day and that the cleaning schedule was much easier to follow since the changes. This staff member told us team work amongst the staff was good in relation to making improvements and that they had worked hard at making changes in order to provide a better service. They told us, "We're working together to get it right."

Four staff had received additional training in infection prevention and control and were working as lead roles in this area. One of those we spoke with was able to tell us some of the actions they took to ensure good infection prevention and control. This included ensuring a good supply of gloves, aprons, soap and paper towels were always available throughout the home and regular cleaning of areas touched regularly such as handrails. During our inspection we saw that staff wore protective equipment as required and that a number of housekeeping staff were on shift for both days of the inspection visit.

The service had purchased a number of new bathroom vanity units since our inspection in October 2015 and we saw that most of those we viewed were visibly clean. We saw that communal areas were visibly clean

although some carpets within people's bedrooms required vacuuming. Although visibly clean, radiator covers were scuffed and paint was peeling in places exposing an absorbent material that did not accommodate effective cleaning. When we discussed this with the registered manager they told us that contractors had been on site and taken photographs of the covers in order to provide a quote to replace those that required it. The home's development plan confirmed this.

The home had areas where malodour was apparent. One staff member we spoke with in regards to this told us that regular cleaning had failed to rectify this. When we spoke with the registered manager of our concerns around this, they told us that action had been taken to address this. We saw from the home's development plan that quotes had been gained for replacement flooring and that one had been approved by the provider. At the time of the inspection visit the home was awaiting a date for the new flooring to be installed. The registered manager explained that flooring had been ordered that would be easier to clean and maintain.

All the people we spoke with told us that they had no concerns in relation to safety at Felmingham Old Rectory. One person who used the service told us, "I have never felt unsafe." Another said, "I feel reasonably safe." A third person said, "I couldn't be safer." A relative we spoke with told us, "We think [family member] is safe, they are well treated here and there is always someone around."

Staff were able to describe to us the different types of abuse and the signs that may indicate someone may be being abused. They were able to explain the actions they would take in regards to reporting those concerns both inside the organisation and externally. We know from the information we hold about this organisation that past concerns have been appropriately reported.

The risks associated with the people who used the service had been identified, assessed and appropriate measures taken to mitigate them. Information for staff on what actions they needed to take to reduce those risks were recorded. Risk assessments were individual to the people who used the service and took into account people's independence and life style choices.

The risks associated with the premises had been identified and managed. A robust system was in place to action and record maintenance checks to further mitigate the risks. We saw that these were regular and up to date. Regular checks included those associated with the fire system, legionella disease, moving and handling equipment, health and safety issues and electrical equipment. A business continuity and emergency contingency management plan was also in place that had identified events that could disrupt the service or place people at risk. These included events such as loss of utilities, staff disruption and lift breakdown. The plan contained clear and up to date instructions for staff on what actions would be required in the event of such incidents.

However, during the first day of our inspection visit we saw that a door to a room housing a faulty boiler was not secure as the signage indicated it should be. Although no one had come to harm as a result and that there were no immediate and apparent dangers in relation to the faulty boiler, there was debris on the floor of the boiler room which presented as trip hazards. When we brought this to the attention of the registered manager they ensured it was immediately secured.

Accidents and incidents had been reviewed and recorded as they happened and analysed on a monthly basis. This was to ensure that any trends had been identified and appropriate actions taken to mitigate the risk of future occurrences.

There were enough staff to meet the needs of those people who used the service. Throughout our

inspection we saw that staff were readily available and that people did not wait for long when they required assistance. All the staff we spoke with told us there were enough staff on duty and that they rarely worked short of the allocated amount. The registered manager told us that they used a dependency tool to calculate staffing levels and used agency staff when necessary.

Processes were in place to mitigate the risk of employing staff that were unsuitable to work within the service. This included requesting two references from previous employers and completing a Disclosure and Barring Service check. The three staff recruitment files we viewed confirmed these checks had taken place and showed that the service also requested photo graphic identification and proof of address.

The service had an electronic system in place that assisted in the management and administration of medicines. This had been introduced in June 2016 and the staff we spoke with were positive about its application. The system recorded all medicines in and out of the building and on administration. This was completed by scanning a bar code on each medicine box for every person that used the service prior to administering it. This ensured that a running audit was completed each and every time a medicine was administered. The system worked via the internet and received immediate electronic updates from the pharmacist or GP when any changes were made to the prescriptions of medicines.

Each staff member who was responsible for administering medicines had their own log in code that the system required them to enter prior to a medicines administration round. This ensured that an accurate record of the circumstances surrounding each medicine administration was recorded. This included the name of the medicine, who it was administered to, at what time and how many tablets were given. The system automatically calculated times between the administration of doses of medicines and ensured adequate time periods were adhered to.

The system generated a daily report for the registered manager that showed how many doses of medicines were administered, whether any doses were missed and why as well as showing any medicines whose stock was running low. This ensured that any missed doses or anomalies with medicines administration was picked up immediately. The area manager for the service also received a daily report ensuring a robust system was in place to identify any discrepancies. Medicines could be ordered via the system and each staff member was required to synchronize the system prior to every medicine round to ensure they had the most up to date information from the pharmacist or GP. We saw that the registered manager had downloaded each daily report and that there were no errors or discrepancies in relation to the administration or management of medicines.

We observed a staff member administering medicines to three people who used the service. We saw that they adhered to good practice and that the system worked in a way that mitigated the risks associated with medicines administration and management. All staff who were responsible for administering medicines had received training on the system and had had their competency to use it recently assessed.

Is the service effective?

Our findings

People were supported by staff that had received an induction, regular training and ongoing support. The people we spoke with who used the service weren't able to tell us about the skills and knowledge of the staff that supported them but we saw throughout the inspection that they reacted positively to the staff that cared for them. One relative we spoke with gave us an example of how the staff had identified and responded to a healthcare need in their family member that demonstrated knowledge and appropriate action.

The staff we spoke with told us that they had received an induction when they first started in post and ongoing training. They told us that the training was appropriate to their role, varied and regular. One staff member described the training as, "Most beneficial." They went on to say that the provider's trainer was, "Nice and approachable and not intimidating at all" which made them feel comfortable in asking questions. From the three staff recruitment files we viewed we saw that staff had received an induction that covered the areas of their role.

The training matrix showed that most staff were up to date with their training and included topics such as first aid, moving and handling, food safety and information governance. Were there were gaps in the training that people had received, we saw that a number of training sessions had been booked. These included training on dementia awareness, basic life support, challenging behaviour awareness, end of life care and pressure care awareness.

Staff told us that they received regular supervisions, annual appraisals and that they felt supported in their roles. The registered manager had a supervision and appraisal planner in place that assisted them to ensure people received these support and development sessions. We saw from this that people had received them as required. One staff member told us that they were always asked during their supervision session whether they wanted any further training and that staff development was encouraged. Another staff member told us that they felt supported and valued. They said, "I feel like part of a team; I feel equal."

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 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.

Although no DoLS applications had been processed, the service had submitted a number of these to the

local authority to potentially restrict people's liberty in order to keep them safe. Of those we viewed, these were individual to the people they referred to and appropriate.

Mental capacity assessments had been carried out as required in relation to people's day to day care needs and these followed the principles of the MCA. They were decision specific and had involved people's family members in best interests decisions as required.

All the staff we spoke with had a basic knowledge of the MCA and how this affected their role and those of the people they supported. They were able to explain to us how they supported people to make their own choices and decisions. During the inspection visit we saw that staff asked people's permission before assisting them with their care and support.

People's nutritional needs were met and they received enough to eat and drink. Information was gathered when people first arrived at the home in regards to people's nutritional requirements and these were updated as required and on a regular basis. The people we spoke with talked positively about the food the service provided. One person who used the service described it as, "Brilliant." Another told us, "I have enough to eat. You can always ask if you want more but I have enough." One relative we spoke with said, "The food looks nice, another family member has lunch here with [person who uses the service] once a week and they say it's good."

We observed lunch during our inspection visit and we saw that this took place in a pleasant and relaxed environment with enough staff available to assist people. Tables were laid attractively and we observed that condiments were available and appropriate to what food was being served. Plenty of fluid was available to people. Prior to lunch, staff assisted people to wash their hands or use antibacterial wipes. People received a choice of food at the point of it being served and the choices were nicely presented and visibly of the right temperature. Assistive equipment was used by those that required it to promote their independence. We saw that people received the assistance they required in a timely and friendly manner. One person who used the service chose to have their lunch outside and they were assisted to do so by staff.

When we spoke with the cook on duty they demonstrated that they understood people's dietary needs and associated requirements. For example, they told us how they promoted people's nutritional health who were diagnosed with diabetes, swallowing difficulties and those at nutritional risk. They told us that all the people who used the service chose their meal at the time it was presented. They said this was because the people who used the service were living with dementia and may change their mind if they asked them for their choice any sooner. They told us there was always enough food available for people to change their mind once they had received their first choice should they wish to. By the discussion we had it was clear that the cook understood the needs of the people the service supported.

During our inspection we saw that regular drinks and snacks were offered to the people who used the service. In addition, a variety of drinks and snacks were available throughout the home and included fresh fruit.

People had access to healthcare services promptly and as required. One person we spoke with who used the service said, "I see the dentist and chiropodist." We spoke with one healthcare professional prior to our inspection who had been visiting the service for a number of years. They told us that staff knew the people they supported well, made appropriate referrals and followed advice and recommendations. They told us that they had a good working relationship with the service and that people were well cared for.

During our inspection visit we heard a number of interactions take place between staff, the people who used

the service, their relatives and healthcare professionals that demonstrated people were involved in healthcare decisions and kept informed of appointments and progress. From the records we viewed, we saw that people saw healthcare professionals on a regular basis and that the service made appropriate referrals promptly and as required.

At our inspection in October 2015, we noted that Felmingham Old Rectory was not conducive to people living with dementia. This was because the grounds of the building were overgrown and inaccessible and because there was no environmental stimulation for the people living there. At this inspection we noted that the service had made improvements in both these areas.

The gardens had been renovated to include a number of accessible paths that allowed access to all areas, raised flower beds and garden furniture. They were well maintained, tidy and free of weeds. The service had purchased hens that roamed freely in the garden. The people who lived there helped to gather their eggs and one person assisted a staff member to feed them.

There were a number of features within the home that gave the people who lived there opportunities to be stimulated. We saw that walls had been decorated with images that assisted in reminiscence and that objects were placed throughout the home that people could interact with. For example, a basket of clean washing was out on the table along with small bean bags, puzzles and soft objects that encouraged touch. Handbags were displayed on coat hooks, tropical fish were swimming in a large tank and the hens that roamed the garden could be seen from most areas of the home. Throughout our inspection, we saw that people happily interacted with these objects and, for two people who lived there, we saw that it provided the stimulus for conversation and interaction between the two.

Is the service caring?

Our findings

The people we spoke with told us that staff were kind and caring. One person who used the service told us how caring the staff were towards them, particularly when they didn't feel well. They said, "All the staff in here can't do more [for me]." Another person said, "Staff are lovely and I can have banter with them." One relative told us, "Staff take care of [family member]." They told us they felt reassured their family member was living at Felmingham Old Rectory.

Throughout our inspection we saw that staff assisted people in a warm and patient manner. They demonstrated kindness, respect and a calm approach. Staff took time to speak and interact with people on a regular basis and we saw that people responded warmly to this. Staff offered people encouragement and demonstrated reassurance by making eye contact, appropriate physical affection and smiling. We saw two occasions where staff provided prompt support to people who were showing distress or becoming upset. This was provided in a way that showed compassion and kindness and resolved the person's distress.

We observed a number of occasions where staff assisted people to mobilise with the use of equipment. Staff offered reassurance, spoke calmly with the person and explained what they were doing at each step. We saw that whilst one staff member operated the piece of equipment, the second staff member offered physical reassurance and spoke with the person to help them feel comfortable and safe.

Staff demonstrated through discussions and observations that they knew the needs, likes, concerns and preferences of the people they supported. They were able to speak with people about what was relevant to them or what interested them. Staff told us about some of the people they supported. This included their personalities, interests, family circumstances and life experiences. One staff member told us about the situations to avoid in order to keep one person who used the service happy and contented. This demonstrated insight into how the person lived with their diagnosis of dementia and what support they required in order to manage it. They told us, "I'm very proud of how the staff work to keep people happy." They went on to say, "If a person sees a friendly face then that helps them to have a good day."

People's privacy and dignity was maintained. We saw that personal care was provided behind closed doors and that staff knocked and awaited a response before entering people's rooms. Staff took time to ensure people's dignity was maintained whilst assisting them to mobilise with the use of equipment. One relative we spoke with told us, "When staff take [family member] to the toilet, they wait outside to give them some privacy. They seem very caring." Staff were able to describe to us how they promoted people's dignity. One staff member told us that this was ensuring they didn't patronise people and that they supported people to make choices. One healthcare professional we spoke with prior to the inspection told us that staff always ensured that any healthcare treatment was delivered to people in private.

People were supported to be as independent as they could and wanted to be. We saw that care plans promoted independence and that risk assessments promoted positive risk taking. We saw that the service encouraged one person to spend their days in the garden all year round assisting with its upkeep. This had been a big part of the person's life and they wished to continue with this. We saw that the service had

identified that this helped keep the person both mentally and physically well and was important to them.

The service encouraged people to make as many choices for themselves as possible and assisted people where needed. We saw that people were free to spend the day as they wished and where they wanted. The home had a number of communal areas that people used independently and all appropriate areas of the home were freely accessible. We saw that two people who used the service happily spent time together after having collected items from throughout the home. They then spent the afternoon arranging these items together on a table whilst interacting contently. On another occasion, we observed a staff member we were speaking with warmly encouraging a person to come into the lounge and join in the conversation.

People had been involved, along with their family members, in the planning of their care where appropriate. Where people were unable to participate in this, family members had been appropriately consulted. We saw that people had also been involved in reviews of their care. At our last inspection in October 2015, the service had told us that they were intending to introduce a 'resident of the day' system. At this inspection, we saw that this had been implemented. As part of this process the service contacted people's family members to gain their feedback on the care their relatives received and discuss any other concerns they may have. We saw that this has consistently taken place each day and that the results had been recorded.

Information was clearly available to the people who used the service, their family and friends and any visitors to the home. This included information on the home and the service it provided, policies and procedures and information on staff working within the home. Staff were mindful of confidential information and we saw that people's care plans were securely stored within the care office. During our inspection we saw that when unattended, the door to the care office was closed and that no confidential information was left out. The registered manager ensured their office was secure when it was unattended.

The service had no restrictions on visiting times and family and friends could visit anytime. This included having meals with their family members. One relative we spoke with said, "Staff are very open with us and we can visit when we like." During our inspection we saw staff welcome visitors warmly and offer refreshments.

Is the service responsive?

Our findings

We viewed the care and support records for three people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. People's needs had been thoroughly assessed prior to them moving into the home and covered all aspects of care and support. This was to ensure that the home could meet the person's needs and to give them the opportunity to discuss the service.

Once settled in the home, care plans were developed that assisted staff in providing person centred care and support. These were detailed and individual to people. For example, where people had certain health conditions, specific care plans were in place to guide staff on how to support people in relation to these. For one person living with a mental health condition, the care plan detailed what was required to assist the person to maintain their wellbeing, what symptoms to be mindful of that may indicate a decline in their mental health and what actions to take should this occur. All care plans we viewed were detailed and had been updated on a regular basis or as required.

We saw that staff communicated with people's relatives on a regular basis and as required in relation to people's needs and wellbeing. We observed the senior member of staff communicate with a number of relatives during our inspection. This was in order to keep people updated or impart relevant information. Referrals to healthcare professionals were recorded and outcomes documented. Robust and regular recording around people's skin condition was in place and any concerns followed up with an appropriate healthcare professional.

For the three people whose records we viewed, we saw that staff delivered care and support as documented in the care plans. This included assistance with mobilising, maintaining mental health and assisting a person to participate in an activity. From observations and discussions with staff it was clear that they understood people's needs, preferences and behaviours. One healthcare professional we spoke with prior to our inspection told us that staff knew the people they supported well. They told us that when they visited people to provide treatment, staff knew why they were there and could give them relevant information on the person's condition.

The service had good information on people's family circumstances, life histories and interests. At the time of the inspection, the service's recently appointed activities coordinator was in the process of completing a detailed survey on what activities and interests people had. This also included gaining each individual's preference on whether they preferred group activities or spending time on their own. This was to be used to develop activities within the home.

Throughout our inspection we saw staff regularly interacting with the people who used the service and engaging in activities either on a one to one basis or in small groups. We also observed that some people were content to engage in activities alone or with other people who used the service. The people participating in activities were engaged and content and we saw that staff encouraged them. One person was content to sit at a table and read a newspaper whilst another was happy to engage with the soft items

around the home. One staff member provided nail care to some of the people who used the service.

The service had processes in place to manage any complaints or concerns people may have. The provider's complaints policy was available to visitors in the foyer of the home. The service had received two complaints in the previous 12 months both of which had been robustly recorded and investigated. Appropriate actions had been taken as a result and, in one instance, a new process had been introduced. This was to help reduce the risk of a similar event occurring again. Whilst gaining feedback from the local authority prior to our inspection, two professionals were complimentary in how the service had managed this complaint and the actions they had taken in response. The analysis from the service's last quality monitoring questionnaires showed that all the people who responded knew who to contact if they any concerns and that they did not wish to do so. We concluded that the service used concerns and complaints as an opportunity for learning and improvement.

People's relatives and friends had last completed questionnaires on the service provided in December 2015 and the results had been collated and analysed by the registered manager. The results were positive and included complimentary comments on the service provided. At this inspection, the registered manager told us that questionnaires would be sent out again in December 2016.

Meetings for people's relatives and friends had taken place in April and July 2016 and minutes had been produced. These showed that the meeting was used to gain people's feedback on the service provided and for the registered manager to update people with any relevant information. The minutes showed that the people present were happy with the improvements made to the service. At the July 2016 meeting, one attendee had put forward an idea to have a 'suggestions box' in the foyer where people could post their ideas and views. This was seen during the inspection demonstrating that the service listened and responded to people's view in order to develop and improve. The minutes to one meeting also showed that the service had tried different start times for the relative's meetings to try and encourage more attendees.

Is the service well-led?

Our findings

At our previous inspection carried out on 6 and 7 October 2015, we found that governance systems to monitor and improve the quality of the service were not effective. This was because the service had failed to either identify or rectify issues with the service. This included insecure record storage, infection prevention and control issues, poor staff communication resulting in tasks not being completed, lack of accident and incident analysis and lack of activity provision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out on 20 and 21 October 2016, we found that the service had made sufficient progress to no longer be in breach of this regulation.

After our inspection in October 2015, the provider sent us a plan to explain what actions they would be taking in response to the identified concerns. They told us these would be in place by March 2016. At this inspection, carried out in October 2016, we saw that the actions the provider said they would take had been completed.

The provider had a comprehensive system in place to monitor and improve the quality of the service being delivered. Actions from these audits fed into a home development plan and we saw that these actions had either been completed or were in the process of being completed. Concerns identified at our last inspection in October 2015 had mostly been addressed by the provider.

We saw that audits were in place to monitor areas of the service such as infection prevention and control, the catering provision and medicines management. The regional manager completed bi-monthly audits that were comprehensive. Most areas of the service were covered during each of these audits and included topics such as complaints, health and safety, personnel files, maintenance records, observation of staff practice and staff training. We saw that actions from these had been included in the home development plan.

The people we spoke with had no concerns in relation to how the home was managed. One professional we spoke with prior to our inspection described the registered manager as, "Conscientious". They told us that the registered manager, "Wants to do a good job." Another professional told us that the home was the best it had been in all the years they had been visiting it. When we spoke with staff, they acknowledged the improvements the home had made and were positive about the changes. One staff member said, "The home has come on leaps and bounds in the last few months." They went on to say, "The [registered] manager has done lots of work and is positive and happy." Another staff member told us, "I think we're [the service] on the up."

The staff we spoke with described the management team as supportive and approachable. They all said they felt supported and valued in their roles. Staff told us that they saw senior managers on a regular basis. Staff meetings were held every three months and the staff we spoke with felt supported by this. They told us they were able to voice their opinions and go to the management team at other times if they had any concerns or suggestions. One staff member told us that they were often able to sort out any issues as a team without the need for a meeting.

The home had a friendly, welcoming and calm atmosphere and we saw that staff worked well as a team. Staff politely and respectfully interacted with each other, the people they supported and visitors to the home. All the staff we spoke with told us that the recent improvements the home had made had positively impacted on staff morale and their team working ability which, in turn, had improved the service people received. One staff member said, "We have good staff. We work together to get things done." This staff member went on to say, "Staff are a nice bunch. It's good for people [who use the service] to see us happy." Another staff member told us, "The staff pull together." Whilst a third said, "We're a bubbly, friendly group." They went on to say, "I can go home knowing I made a difference to somebody's life today" A fourth staff member described their colleagues as, "Wonderful."

An inclusive and open culture was encouraged within the home. The people who used the service and chose to be involved in the running of the home were. This included helping to set the table, gardening, making beds and assisting with the preparation of drinks. People were free to spend the day as they wished and had access throughout the home. Staff told us that the home had an open culture. One told us, "An incident wouldn't be seen as a bad thing. We learn from our mistakes and move forward. We're getting better at this."

There was a registered manager in post at the time of our inspection that had been in post for a number of years. They told us they felt supported by the provider and saw senior management on a regular basis. We know from the information held about the service that they had reported events as required in the past.

People had had the opportunity to provide feedback with their relatives via a questionnaire and dedicated surveys had been completed on two areas of the service; the catering provision and the quality of activities. For both of these, the staff member responsible had spent time on an individual basis with each person who used the service to get their views. We also saw that the people who used the service had been involved in care plan reviews. The 'resident of the day' system also gave people the opportunity to discuss the service.

All the people we spoke with were positive about the service provided. Some spoke of the further improvements required to the environment however the provider had a development plan in place to address these concerns. Staff told us that they were happy in their roles and that they were proud of the service they delivered. The professionals we spoke with prior to the inspection were complimentary about the level of service provided by Felmingham Old Rectory.