Four Seasons (No 9) Limited

Cypress Court

Inspection report

Broad Street
Crewe
Cheshire
CW1 3DH

Tel: 01270588227
Website: www.fshc.co.uk

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 21 and 22 January 2016 and was unannounced.

Cypress Court is a purpose-built residential and nursing home in Crewe, Cheshire. The home can accommodate up to 60 older people, at the time of out inspection there were 52 people living at the home. The home is a two storey building and has a lift to the first floor, there is an open plan reception area. There are large lounge areas and a dining room to each floor.

At the time of the inspection a registered manager was 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.

The manager was available throughout the inspection and engaged positively with the inspection process. The manager was friendly and approachable, she operated an open door policy for people using the service, staff and visitors.

The service was safe. We found that there were sufficient numbers of suitably qualified staff to meet the needs of people living at the home. There had been a focus on the skill mix and staffing levels had been increased. New staff roles had been introduced which had improved the general organisation of staff.

Staff knew the importance of keeping people safe and appropriate procedures and systems were in place to prevent people from harm and abuse. Staff had received training about protecting people from abuse and harm. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act (MCA) were followed.

We found that people were well cared for and treated with compassion. Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care. People were treated with dignity and respect. People and visitors were very complimentary about the care that they received.

Care records were personalised and they reflected the support that people needed so that staff could understand how to care for the person appropriately. However not all care plans were up to date to reflect

changes to a person's needs. The staff were in the process of re-writing people's care plans and were providing appropriate care. Daily charts were not always completed fully or at the time that the care was provided. We saw that staff responded to people's changing needs and sought involvement from outside health professionals as required

People were able to take part in a range of activities should they choose to. Two activities organisers arranged an entertainment programme and also provided one to one support to individuals.

The home was well led. There were very good quality assurance systems in place, to enable areas for improvement to be identified. There was an excellent system in place for ensuring that people's view were sought about the care that they received.

The registered manager made notifications to CQC as required, however there had been an over sight in making recent notifications relating to DoLS authorisation

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.

People lived in a safe, clean and well maintained home.

People felt safe and protected from the risk of harm or abuse. Processes were in place for staff to follow to ensure that people were not placed at the risk of abuse.

There were sufficient staff to meet the needs of people living at the home.

Appropriate recruitment procedures were followed to prevent the risk of unsuitable staff being employed to work at the home

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing.

Staff were skilled and well trained. Staff members had induction training when they joined the service and staff had regular on-going training. The service encouraged staff development.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

People could make choices about their food and drink and they were provided with the necessary support to eat their meals if required. People's views varied about the standard of the food.

People had good access to health care professionals to ensure they received effective care and treatment.

Is the service caring?

Good

The service was caring.

People told us that the staff were kind and caring. We observed that people received a high standard of care.

People were treated with dignity and respect.

Staff respected people's wishes and preferences and people were involved in decisions about their care.

Is the service responsive?

Requires Improvement

The service was responsive.

People were able to make decisions about their daily activities and were offered a range of activities and entertainment within the home.

Care plans were being re-written onto new documentation. They were personalised, detailed and reflected people's individual requirements. However not all care plans had been updated to reflect the changes in a person's care needs. We also found that there were some gaps in the recording on daily charts.

There was a robust complaints system in place and people felt able to raise any concerns with staff. Appropriate action was taken in response to complaints.

Is the service well-led?

Good

The service was well led.

People and staff told us that the management team were very friendly and approachable, they had an open door policy and people felt able to raise any concerns.

The manager had good knowledge and understanding of the needs of the people who lived at the home. People were asked for their views of the quality of the care provided and there was an excellent system in place to receive feedback from people using the service, relatives and staff.

The home had effective quality assurance systems in place to monitor and make any improvements

Cypress Court

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.

The inspection took place over two days on the 21 and 22 January 2016 and was unannounced. The inspection team was made up of two adult social care inspectors on the first day and one adult social care inspector on the second day. As part of our inspection planning we reviewed the information that we held about the home. This included information from the provider, such as statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law. We also sought information from other professionals involved with the service including the local authority quality assurance and contracts team and the local tissue viability nursing team.

During the inspection we spoke with 23 people who lived at the home, four relatives/visitors and one visiting health professional to seek their views. We also interviewed staff including the regional manager, registered manager, deputy manager, the clinical lead, the quality lead carer, one nurse, three carers and one of the activity coordinators. We reviewed three people's care records and inspected other documentation related to the day to day management of the service. These records included three staff files, staff rotas, quality audits, meeting minutes, training records, supervision records and maintenance records. We toured the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people in the communal areas and observed how people were supported over lunchtime and at teatime.

Good

Is the service safe?

Our findings

People told us that they felt safe and well cared for. Comments included "Of course I am safe they are wonderful here" and "All the staff are great, they are great to everybody." Another person told us that they had no complaints and they could "tell anyone" if they did.

People also told us that there were enough staff, comments included "Generally speaking there are enough staff, there are always staff around," another person said "There seem to be enough staff."

The registered manager told us that she had focused on staffing levels and the recruitment of staff since coming into post around 12 months ago. There had been a recent reorganisation within the staffing structure, with a newly appointed deputy manager. The role of clinical lead and quality lead had also been introduced. We reviewed staffing rotas, spoke to people living at the home, spoke to staff and made observations throughout the inspection. We found that there were sufficient numbers of staff to meet the needs of the people living at Cypress Court.

The registered manager told us that in recent weeks the numbers of care staff on each shift had been increased. Systems were in place to ensure that there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager demonstrated that staffing levels were based on people's dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be adjusted. The provider used a staffing tool to assess the levels of staffing required. We saw that the registered manager had staffed the home above the levels indicated by the staffing tool, this was to take into account the size and layout of the building. It also meant that during holiday periods there would always be enough staff to ensure that shifts were covered without the need to use agency staff. We asked staff whether they thought there was enough staff to meet the needs of people and they told us that there was, although it was evident that staff were very busy and one person commented "They work very hard here, they never stop."

We heard call bells being answered promptly and staff were very visible around the home at all times. People told us "they come promptly when I press the thingy" and someone else said that they didn't have to wait too long. However, we received feedback from one relative that there had been one occasion recently when their relative did not receive support with aspects of their care due to the home being short staffed. The registered manager informed us that there had been one day where an unusually large number of staff went on sick leave which did have an impact on some care provision for a short period of time. However, we saw that this was not typical and the rotas demonstrated that ordinarily sufficient staff were employed on each shift.

Discussions with staff identified that they knew the importance of keeping people safe, including being safe from abuse and harassment. We saw that the provider's safeguarding policy and procedure was on display and available to people, visitors and staff. Staff told us and we saw from the records that they had been provided with safeguarding training and discussions with staff identified that they understood the mandatory requirements around adult safeguarding. We saw the home's whistle blowing policy and that the

provider had a dedicated whistleblowing helpline in place which encouraged staff to speak out where necessary. Discussions with staff demonstrated their understanding of the process involved and that they understood how to alert external organisations if necessary.

The registered manager and deputy manager demonstrated that they understood their responsibility to identify and report any suspicion of abuse. We saw that the manager maintained a safeguarding file, which held current guidance and procedures from the local authority about how to report any suspicion or allegations of abuse. We saw that where necessary referrals had been made to the local authority to report concerns and found that these had been investigated fully with any necessary action carried out and recorded, this demonstrated that the manager had taken appropriate action to ensure that people who use the service were protected and safe

Effective recruitment processes were in place. We reviewed three staff files which evidenced that recruitment procedures were followed and applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. In all the files we looked at we saw that either a Disclosure and Baring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was present. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. Two references were also seen on each file, in line with the provider`s policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks were completed. We also saw records which demonstrated that the provider carried out a monthly check of the qualified nurses PIN (Professional identification number) to check that their nursing registration remained effective with no restrictions or cautions in place.

We looked at the administration and recording of medicines. We spoke with the registered nurse who had been administering medication. The nurse demonstrated a good understanding of the safe handling of medication. Medicines were stored safely in line with requirements in locked trolleys and in a room of adequate size with a separate controlled drugs cupboard. Room and fridge temperatures were recorded daily. Most medicines were dispensed in monitored dose blister packs. All storage was neat and tidy.

We reviewed a sample of four Medication Administration Records (MARs), which contained a photograph to identify the person, information about allergies and the way the person liked to take their medicines. MARs confirmed people received their medicines as prescribed. The application of topical creams was recorded on forms kept in each person's room and charts were appropriately completed by staff. We saw from looking at a MAR sheet that a person had finished a course of topical cream. However, the cream still remained in the person's bedroom which meant that this could have caused confusion for staff and the potential for the cream to have been inappropriately applied. We discussed this with the registered manager who removed the cream straight away and ensured that it was thrown away. She said that she would address this with staff.

There was a separate record of controlled drugs and of drugs liable to misuse. Arrangements were in place to ensure consistent administration of medicines prescribed to be given 'as required'. The home had policies and procedures for self-administration of medicines, and the nurse told us that there was one person living at the home who looked after their own tablets.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls and bedrails. Risk assessments identified actions put into place to

reduce the risks to the person and were reviewed regularly. We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence.

Systems were in place to manage and report incidents and accidents. The manager told us that the provider used a Datix system where information would be inputted, we looked at these records and saw that incident and accident forms were completed, with action identified to reduce the risk of further incidents occurring in future . For example falls were analysed to identify patterns and any actions that could be taken to prevent them happening in future.

We specifically looked at the risks to people around moving and handling to ensure that staff used the safest procedures when supporting people. We saw that risk assessments were in place to identify when people needed to use a hoist or other mobility aids. We spoke to staff and people who lived at the home and they told us that staff used appropriate equipment to support them with moving. For example a person's relative told us that she had observed that staff always used a hoist to move her relative. Another person told us that staff always used a hoist to assist him out of bed. We spoke to staff who also confirmed that they always used equipment where people had been assessed as needing it. None of the people or staff who we spoke with had ever seen people being lifted inappropriately. We also spoke to the moving and handling coordinator who told us that training in this area had been very thorough.

The home employed a maintenance person and we saw their records which showed that the home was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Records demonstrated that a weekly fire test was carried out. We saw that people had individual risk assessments and evacuation plans in case of a fire. The registered manager demonstrated that an emergency procedure folder contained appropriate plans in case of emergencies.

Some areas of the home such as the dining room had been redecorated. The registered manager told us that there were plans for further improvements such a new window in the kitchen and renovation of the garden area. We observed that all parts of the home were clean and hygienic, there were no unpleasant odours. Housekeeping staff were very visible around the home and we saw that they worked hard to maintain good standards. We saw that staff wore gloves and aprons to help reduce the risk and help the prevention of infection.

Good

Is the service effective?

Our findings

We asked people living at Cypress Court whether they found the care and support to be effective. Most people spoken with told us that they found that the care provided was effective. One person told us that they were "100% satisfied" and had "no complaints at all". We spoke to a visiting health professional who commented that "The staff are fabulous". They explained that they had found the staff to be very knowledgeable about the needs of people living at the home and were very responsive to any health advice provided.

We looked around the home and found the environment to be conducive to the needs of the people who lived there. Rooms were bright and decorated to a good standard. People had been encouraged to bring in personal items from home and many rooms were very personalised. Some people had telephones in their bedrooms. There had been some alterations to parts of the home, with a new activities room and changes to the dining area within the upstairs unit.

Training records demonstrated that a programme of training and induction was in place for all staff. Staff members told us that they had received induction training when joining the home, as well as regular on-going training. The manager told us that there had been a recent focus to ensure that all staff had completed all necessary training. Training was provided through e-learning as well as face to face training sessions. All mandatory refresher training was completed via e-learning and a new programme was implemented in June 2015. The manager informed us that 62% of this e-learning had been completed and there had been a drive for all staff to fully complete this training as soon as possible. All staff had received letters to ask them to complete this training by the end of this month. Training had been carried out in a number of areas including moving and handling, fire safety, medication, safeguarding, infection control and dementia. Training had also been carried out with external providers and covered topics such as oral hygiene and the appropriate use of thickeners in drinks.

We saw from staff files that staff had completed induction training at the start of their employment. The manager showed us their induction documentation and explained that new starters had a three month probationary period, at the end of which all mandatory training had to be completed. The focus of the induction was on a person centred approach. We reviewed two completed care assistants' inductions, these had been signed off by their line manager. The induction involved an initial two day introduction and ensured that information was provided about people's care needs and the staff had the opportunity to read people's care plans so that they understood the support that people needed. The induction training was in line with the Care Certificate. The Care Certificate provides a set of standards which social care staff should adhere to in their daily work.

We noted that staff were encouraged to develop their skills and a number of staff were completing National Vocational Qualifications (NVQ) in levels of three and four in care. We found that another member of staff had been encouraged to complete a NVQ level three in management. The registered manager explained to us that two of the care staff were completing specialist training as part of an initiative to develop a new Care Home Assistant Practitioner (CHAP) role. The aim was to enable some care staff to develop their skills and

support the nursing staff more effectively. The training takes around six months and provides care staff with some clinical skills. The two members of staff had almost completed this training.

Staff told us that they received individual supervision meetings with either the registered or deputy manager and we saw that group supervisions were also held. The registered manager showed us records which demonstrated that staff had received regular supervision.

We checked whether the service was working within the principles of the MCA and DoLS and whether any conditions on authorisations to deprive a person of their liberty were being met .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 discussed the requirements of the MCA and the associated DoLS with the registered manager, who was aware of these requirements and showed us that policies were in place. We saw that the manager had a monitoring form to record those people for whom a DoLS application had been made, with the outcome. At the time of our inspection, there were four people subject to DoLS authorisation and five others awaiting assessment by the supervisory body (the local authority). We noted that from our observations that there were potentially other people who required an assessment under DoLS. The registered manager told us that this was an area that they were focusing on at present. We were aware that a concern had been raised with the registered manager about poor communication regarding an application that had been made for a DoLS for a person living at the home. The registered manager told us that they had learnt from this and met with the local authority to make improvements. The registered manager noted that further DoLS training had been identified and that she had been supporting staff with this.

Staff demonstrated an understanding of the MCA and that decisions may need to be made in a person's best interests. We saw that mental capacity assessments had been completed appropriately and recorded in people's care plans. The records demonstrated that staff understood the principles of the MCA and it was recorded in a person's plan that they should "be involved as much as possible" in making decisions. We heard that people were supported by staff to make decisions and consent was gained to provide care. People also told us that staff sought their permission to provide care and support. Where people were unable to provide consent due to not having the capacity to do so the home staff were clear that best interest decisions should be made. For example we saw a bed rails consent form for a person to sign their agreement to the use of bed rails. The form was very clear that where a person wasn't able to give consent a relative /friend could sign but that this was not consent, rather confirmation that they had been part of a best Interest decision.

We discussed the food provision with the manager who told us that the kitchen staff and all food provision was now provided by an outside catering company called Elior. Elior had developed the menus and there were always two meal choices available, with alternatives available if people did not like the choices available. Feedback is given to the kitchen staff about the food provision.

We observed lunchtime and saw that the meal was served from a heated trolley which meant that staff could dish out food to meet individual requirements, the food looked hot an appetising and people told us that they were enjoying the food on the day of the inspection. People who we spoke with told us they were

provided with a choice of meal and that staff asked them each day what their preferences were for lunch and tea. We saw that the menu was displayed on a white board in the dining room. Most people ate in the dining rooms but we saw that other people ate in the privacy of their room as was their choice. Staff were knowledgeable about the needs of the people with eating and drinking, for example a staff member was able to tell us which people had specific dietary requirements. We saw that a member of staff assisted a person who was in bed to have a drink. They knew that the person required their drink to be thickened due to swallowing difficulties and sat the person up in bed as identified in their care plan to safely assist them to have a drink. The member of staff offered gentle guidance and support to the person.

We found that people's views on the food varied. Some people said that the food was very good. Someone told us that "The food is excellent" and that they were looking forward to "Friday's fish and chips". Another person said that the food was "Well cooked and you have a choice at dinner time." However not everyone agreed, one person told us that the food was "alright". A visiting relative commented that their only concern about the home was the food, as they found that there was little variety in the food provided to their relative. This was discussed with the deputy manager who told us that they were addressing these issues and had involved a dietician to provide further advice regarding this individual. We spoke to another person who told us that they had a specific dietary requirement, they said that the home had attempted to provide suitable food but felt that they weren't always given enough choice to meet their needs. This was highlighted to the manager who agreed to address this concern with Elior as soon as possible. Cypress Court had been awarded a food safety rating of five, in their latest food safety inspection carried out by Environmental Health, this meant that their food hygiene standards were rated as very good.

The registered manager told us that they carried out a dining room observation audit each month and sat down with people during meal times to observe the experience and talk to people living at the home. The manager had noted any areas for improvement from these observations and issues have been highlighted within staff meetings to address these areas. We saw that people were provided with plenty of drinks and snacks throughout the day and observed that the activities coordinator offered people trays of snacks to taste during the morning.

Records demonstrated that people's weights were monitored and actions taken if people were at risk of losing weight. We saw that there were robust records for monitoring and recording people's weights and a clear procedure to follow if concerns were noted. Care plans were put in place for people at risk and in some cases enriched supplement drinks were prescribed.

Records maintained showed staff sought advice from the doctor and made requests for specialists when they believed this to be necessary in order to meet people's needs. We saw that people had access to their GP, district nurses and other specialist such as audiology when this was required. The local GP visited to home twice weekly, people would usually be registered with this GP but could choose to remain with the own GP if they wished. We saw that referrals were made to health professionals such as dieticians and tissue viability nurses when necessary. We contacted the local nurse specialist team who confirmed that the home made referrals to themselves when necessary. We spoke with a visiting health professional who told us that they found that the support provided to people living at Cypress Court was very good and said that people were well looked after.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff and management were very caring. One person said, "Staff are excellent, nothing is too much trouble." Another person added, "The first thing I noticed was that the staff were helpful and caring." A third person told us "The care staff are wonderful caring people, I am very happy."

A visiting relative commented that the staff treated their relative well and said "They are lovely with her" (their relative). Staff told us that they enjoyed their work. One staff member said "We've got a nice team, staff are happy and it shows in the care provided."

Most of the staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care We saw that staff ensured that bedroom doors were closed when any personal care was being carried out. We also saw that staff ensured that they knocked on people's doors before they entered and that staff addressed people by their preferred name. We saw that maintaining dignity was promoted by the management, minutes of meetings demonstrated that this was regularly discussed within supervision and staff meetings, we also saw that information about dignity issues was clearly displayed on a dignity notice board.

During the inspection we observed how well staff interacted with people who use the service. We heard that staff were kind and caring in the way that they approached people. We overheard a carer chatting with someone in a friendly manner and had noticed that they needed assistance with their television, they commented "I'll bring you a nice cup of tea, oh lets sort your telly out."

All of the interactions we saw were appropriate, warm, respectful and friendly. When we asked people how they were treated people told us that they were treated well, one person told us "Oh yes, they treat me with respect, they are very good." Someone else told us "Staff are patient and kind." Other comments included "The staff are alright, we have got to know each other." And "They talk to you." (the staff)

However, the Care Quality Commission had received information which raised concerns about the way that a member of staff had been overheard to speak about one of the people living at the home. This matter was brought to the attention of the manager who demonstrated that they were already dealing with this matter and had taken appropriate steps to address the concern.

We spoke to staff to see how well they knew the people living in the home and it was evident that they had a lot of knowledge about the people and their likes and dislikes. Staff demonstrated good understanding and knowledge about the people they cared for. They were able to tell us about people's individual care needs. For example a staff member clearly knew the people who required their food and fluid intake to be monitored and recorded. Another member of staff was able to tell us about a person's preferences and that they sometimes likes to stay longer in bed in a morning.

We saw that information about the home was available in people's bedrooms. Information and advice was

also available in written format at the entrance to the home and on notice boards. This included information about how to make a complaint and how to provide feedback on the home and ensured that the person living at the home and their relatives had access to information in a way that was accessible.

Requires Improvement

Is the service responsive?

Our findings

People told us that the service was responsive. One person told us that the care they received was "Overall excellent" and someone else said that "They are very good and know what I like." People told us that they were able to make choices, such as what time they would like to go to bed, one person commented "In here it's your choice". A staff member told us "We do what the resident wants, as they are first".

We observed that people living at the home looked clean and well kempt. We saw that people who stayed in bed had access to a call bell. We spoke with members of staff about individual's care needs and how their needs were met. The staff were able to tell us about the care they provided and about how people liked their care to be given. A new member of staff confirmed that they had read all of the people's care plans. One person's relative commented that the "staff definitely know what dad needs". People told us that they were able to make choices about the care that they received. We overheard a carer supporting a person and they asked the person what they would like to wear and where they would like to sit. Someone explained to us that they sometimes needed to call for assistance in the middle of the night and that staff were very helpful. They also told us that they hadn't felt like going to the lounge today and had asked the carer to fetch their breakfast to the bedroom and that the carer had replied "certainly".

The registered manager told us that the home had been implementing new documentation and they were in the process of re-writing all of the care plans. The role of the quality lead was to oversee the standards of the care plans. We saw that people were involved in the planning of their care and support. We inspected the care records of three people who lived at the home and these reflected how people would like to receive their care, including their individual preferences. The information was very detailed. For example we saw in one person's records that the person preferred to be supported by a female carer and that they liked to go to bed straight after supper. In another's person's care plan we saw that the person "prefers to eat in their room". We found that the care plans also included details of supporting to people to communicate their choices and wishes, for example one person's records stated "You can support me by asking closed questions". Some people had signed their care plans to demonstrate their involvement with the plan of care, although when we asked people not all of them thought that they had been involved in the development of their care plans. However, we saw that relatives had been involved in the development of care plans.

The care plans that we inspected contained assessment documents which had been completed before the person came to the home to make sure that their needs could be met. The plans of care outlined people's abilities, identified needs, risks and action required by staff. Records had mainly been kept under regular review. However we found that one of the care plans had not been updated to reflect recent changes to the person's care needs. The person was not able to spend time out of bed and this had not been added to the plan, however our observations found that the person was receiving the correct level of care to meet their needs. The registered manager told us that the person's care plan was due to be re-written.

We looked at documents in the bedrooms of the people living at the home. These included booklets which contained charts for positional changes, food and fluid intake, bed rails checks and night time checks.

Many of these were completed accurately but we found that there were some gaps in the recordings and that the recordings had not always been written at the time that the care was provided. For example we saw that a person's positional charts had not been completed when we initially reviewed them at 11.30am, however when we looked at the chart again later in the day we saw that an entry had been made retrospectively for a positional turn at 11.10am. This meant that records had not been completed when the care had been carried out.

We were also aware that concerns had been raised by a relative that the charts weren't always completed because sometimes their relative did not wish to receive care but it was not always recorded that the care had been offered. The registered manager assured us that staff had been told that they should record information on the charts including when a person had refused care. The registered manager told us that they were closely monitoring the performance of staff in this area and would introduce daily checks to ensure that the charts were consistently completed.

Most people told us that there were activities going on and that they could choose whether they wanted to take part, although not all the people who we spoke with were aware of all of the activities that were available. The home had two activities coordinators who organised group activities, entertainment and also supported people on a one to one basis. During our inspection we saw that one of the coordinators went into the bedrooms of several people to see whether they were interested in any activities or to offer one to one support.

An activities programme was on display in the main entrance, we also saw that a copy of this plan was also available in people's bedrooms. A relative told us that the activities co-coordinators were "amazing" and made them feel really welcome. We spoke with one of the activities co-ordinators who told us that they worked Monday to Friday plus some Saturdays. They had devised a monthly programme of activities, which included bingo, smoothie making and trips to town. One person told us that the activities coordinator had spent time with them painting their nails. We saw from meeting minutes that people were asked at meetings for suggestions about the types of activities that they would like to take part in. The activities coordinator told us that sometimes people from the local community came into the home to provide entertainment and they were trying to arrange for the local vicar to carry out a regular church service.

People said that they felt able to raise any concerns with staff. They knew who the manager was and told us that they could speak to her if they had any complaints. The provider had a complaints procedure in place, which was on display in the entrance area of the home. We saw that the manager had a system for logging any complaints, there was a folder in place which was organised and recorded the details of complaints. There was a record of how any complaints were dealt with as well as details of any further actions that were taken.

Good

Is the service well-led?

Our findings

We found that the service was well –led. People told us that they knew who the manager was and found that the management team were very responsive. We saw that the registered manager was very visible and accessible. Comments included "There are enough staff, they are well organised." And "The manager comes in and says my door's always open". Another person told us that "we have meetings and we are able to say what we want".

We saw that suitable management systems were in place to ensure that the home was well-led. The registered manager had been in post since February 2015 and was registered with The Care Quality Commission (CQC). The registered manager understood her responsibilities and was well supported by a wider team, including a regional manager, deputy manager, clinical lead, quality lead and training support. The registered manager was available throughout the inspection and she engaged very positively with the inspection process.

The registered manager and the deputy manager told us that they had focused upon improving the experience of the people living at the home and were motivated to continue to make further improvements to the quality of the care provided. It was evident that work had been carried out to improve the way that the home was organised. Staff told us that "everybody knows each other's roles and there is a structure in place". Another member of staff told us that the manager "had made their mark" and "staff are enjoying their work more".

We saw that the staff were organised and a system had been implemented whereby staff were given responsibility for providing support to certain people within the home, this ensured that staff were clear about their roles and were more clearly accountable for the provision of care to those people. We were told that staff morale had improved in recent months and that people were "working as a team." We found that the atmosphere within the home was warm, relaxed and friendly. Staff told us that the management team were supportive and that the manager was approachable, one member of staff commented that "the management functions much better".

People living at the home knew who the manager was and told us that she was supportive and would listen to any concerns or complaints. Someone commented that the "manager is very friendly." We also received some very positive feedback about the approach of both the deputy manager and clinical lead, with the comment that they "should be given praise as they stood out".

The management at the home had processes in place which sought people's views and used these to improve the quality of the service. We found that the provider had an excellent system in place which enabled people and their relatives to give feedback. Within the reception area there was a clearly marked area for people to provide feedback using an I-pad, this feedback was also monitored by the provider's head office. The registered manager told us that part of the activities coordinators role was to seek regular feedback from people and would ensure that a number of people were asked to provide feedback on a weekly basis, using the I-pad system. We spoke with two people using the service who confirmed that they

had completed a survey on the day of the inspection. Three members of staff were also asked on a weekly basis to provide feedback using this method. The manager told us that the system enabled her to receive information immediately and if there were any concerns these could therefore be acted upon straight away. We saw an example of this regarding the food provision. We saw that the information was analysed on a monthly basis and any actions identified were addressed.

We saw that the registered manager held regular meetings with people living at the home and their relatives. People also told us that they attended these meetings, for example one person told us that they received information at these meetings as the manager had told them that the home would no longer be using agency staff.

We also saw that regular meetings took place with staff and the minutes of these meetings demonstrated that the manager had clearly set out her expectations of staff and included discussions around the quality of the care provision. The role of the quality lead had also been a positive step to ensure that any poor practice was identified and addressed immediately.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that numerous regular audits had been completed by the registered manager and also by representatives of the provider. Audits were carried out in the areas of infection control, care records, medication, health and safety, wound analysis, mealtimes and catering. Action plans were in place where required, to address any identified issues. We noted however that not all of the action plans had been signed off, so it was not clear when all of the actions had been completed.

There were numerous other checks which were routinely carried out to help the manager identify any areas where improvements could be made. For example we saw records that the manager completed a daily walk round of the building to check the environment and speak with people and staff. The registered manager also carried out regular night time visits to check the standard of care provided during the night. The registered manager told us that she was keen to have regular contact with the night staff, so that they felt supported and were able to raise any issues or concerns more easily. We saw records which demonstrated that these visits took place every month. The documentation was organised and clear and showed that the home had an effective system in place to regularly assess and monitor the quality of service that people received.

We found that the registered manager and management team were very open and transparent about any issues and keen to learn from these, they were particularly effective at ensuring that information was shared appropriately with other agencies as required. CQC's records demonstrated that we had been notified about the majority of significant events as legally required to do this. However we found that notifications relating to the DoLS authorisations which had recently been granted had not been sent to CQC. The manager confirmed that this had been an oversight and submitted these forms immediately. All other notifications had been submitted as required.