

HC-One Limited

Willow Court

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

Willow Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and nursing care for up to 54 people, including older people and people living with dementia, some of whom were supported in a separate unit called 'The Kingfisher Unit' which specialised in providing care to people living with dementia.

We inspected the home on 7 and 8 November 2017. The inspection was unannounced. There were 50 people living in the home at the time of our inspection.

The home had a registered manager in post. The registered manager was not available at the time of this inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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. In this report when we speak both about the company the area director, the registered manager and the acting manager we refer to them as being, 'The registered persons'.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm. There was evidence of organisational learning from significant incidents and events. Any concerns or complaints were handled effectively.

We found there were sufficient care and nursing staff available to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way and communicated effectively, internally and externally.

Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. Staff provided end of life care in a sensitive and person-centred way.

Staff were kind and attentive in their approach and there was a friendly, relaxed atmosphere around the home and. People were provided with food and drink that met their individual needs and preferences. The overall physical environment and facilities in the home generally reflected people's requirements.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do

not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, 22 people living in the home were subject to a DoLS authorisation. Staff understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people.

People were involved in giving their views on how the service was run and there was a range of audit and review systems in place to help monitor and keep improving the quality of the services provided.

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.

There were sufficient staff to meet people's care and support needs.

Staff were recruited safely.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

People's medicines were managed safely.

There was evidence of organisational learning from significant incidents.

Is the service effective?

Good ●

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

People were provided with food and drink of good quality that met their needs and preferences.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good ●

The service was responsive.

People's individual care plans were well-organised and kept under regular review by senior staff.

People were supported to continue to enjoy and develop their individual hobbies and interests.

Staff provided compassionate care for people at the end of their life.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Good ●

The service was well-led.

The home was well run and staff were committed to meeting each person's individual care and support needs.

The registered persons sought people's opinions about the quality of the service and were committed to the continuous improvement of the service as a whole.

A range of auditing and monitoring systems were in place which ensured the care provided consistently reflected people's needs and preferences.

Willow 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 checked whether the provider was 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.

We visited Willow Court Nursing Home on 7 and 8 November 2017. Our visit was unannounced and our inspection team consisted of a single inspector.

At our last inspection on 3 November 2015 the home was rated 'Good'. At this inspection we found the home remained 'Good'.

In preparation for, and as part of our inspection we reviewed information that we held about the home. This included information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about. We also looked at information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered persons and the local authority safeguarding team.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. This was because some of the people who lived at the home had difficulties with their memory and were unable to directly tell us about their experiences of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We spoke with seven people who lived in the home, three visiting family members, a visiting healthcare professional, a visiting optician, a visiting volunteer, the registered persons area director, the manager, a

bank nurse, an agency nurse, three senior staff, three members of the care staff team, the activity co-ordinator, the cook and the senior housekeeper who was in charge of the domestic support team at the home.

We looked at a range of documents and written records including the care records related to the needs of six people and six staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and the monitoring of the overall service provision.

Is the service safe?

Our findings

People told us they felt safe living in the home and that staff treated them well. One person said, "I am happy here. It's always busy and I like to feel there are people about. It helps me to feel safer than I would at home."

We found that staff knew how to recognise and report any situations in which people may be at risk of abuse. Records showed that they had received training about how to report and manage situations of this nature. They were also aware of how to contact external agencies such as the local authority and the Care Quality Commission (CQC) if any concerns needed to be escalated and reported. We know from our records and information received from other agencies that the registered persons had responded appropriately when any concerns had been raised.

The registered persons had continued to maintain clear systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. Each person's care record detailed the actions taken to address any risks that had been identified. For example, some people needed to be supported through the use of bed rails to protect them from falling out of bed. Senior staff reviewed these and other people's risk assessments regularly to take account of any changes in their needs. There was a range of other suitable equipment in the home to enable staff to give safe care. The equipment included walking frames and wheelchairs for people to help them to move around safely. Care staff also used equipment such as hoists which had been checked and serviced regularly.

The registered persons followed safe recruitment processes and had procedures in place which ensured staff were recruited safely. We reviewed the recruitment information within six staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the registered persons had employed people who were suitable to work with the people who lived in the home.

People we spoke with told us that there were sufficient staff to meet their care needs and keep them safe. We looked at the systems and rotas the registered persons had in place to plan the work patterns and work shifts for the care staff team. These had been kept updated to include any changes needed. The acting manager described how they used the rotas to ensure sufficient staff with a mix of skills and experience were available to provide the care needed for the people who currently lived at the home. Staffing levels and staff deployment were kept under review using staff handover meetings and care review processes to identify any increases in care needs for people.

The acting manager confirmed any staff absences were covered wherever possible from within the care team. They also confirmed that they employed two qualified nurses as bank staff and used agency nurses to cover the nurse vacancies they had at the home. We spoke with an agency nurse who worked at the home. They told us how, "I find I don't need to look for things. All the information I need is clear and in the records. They have good communication systems and I have been involved in the handover meetings which was clear. It must be hard using a high number of agency staff here but I don't feel it. I think it's a good place to

work."

Throughout our inspection we saw call bells were responded to promptly and that staff had time to meet people's care and support needs without rushing. One person we spoke with told us care staff were generally responsive to their calls but had been concerned about a specific time period when their calls for assistance received a slow response. With the person's permission we raised this with the acting manager and the registered person's area director. They told us how they welcomed the feedback and how they wanted to learn about and make improvements whenever things went wrong for people. They assured us they would be undertaking a review with the person to understand their concerns and take any actions needed to ensure any issues resulting from the review would be fully addressed. Following our inspection visit the registered person confirmed the actions they had taken and that the person was satisfied with their response.

In addition, the area director and acting manager described how the registered persons shared information about their wider learning when things went wrong in any of the homes they owned. They told us how alerts were circulated with guidance on any actions needed for each home. They gave us an example about how they were alerted to an incident where a person had been burned by a mobile heater in another home and how they had been reminded of the risks associated with these devices. The registered persons had confirmed that all mobile heaters had been removed from their homes and there were none used at Willow Court.

During both days of our inspection visit we observed care correctly followed safe infection control practices. For example care staff wore clean uniforms and put on gloves and aprons whenever they carried out specific care tasks with people. The senior housekeeper showed us cleaning schedules they kept up to date to show how regular cleaning of the home and people's rooms took place. They also described how, "We have a schedule in place which ensures a room is cleaned thoroughly each day." During the second day of our inspection we spoke with one of the domestic staff responsible for cleaning the rooms on that day. They showed us they carefully followed the cleaning regime in place and the room they had been assigned to clean was very clean.

The acting manager showed us how the number of housekeeping hours had been consistently maintained. They also described how they had taken action to address concerns resulting from a viral outbreak at the home during the weeks prior to our inspection. This included rigorous cleaning tasks and care staff working together vigilantly in order to reduce the risk of cross-contamination. To help ensure these standards were maintained, the registered acting manager also told us how the acting manager conducted a regular infection control audits. They also described how they were in the process of identifying an infection control 'Champion' to help develop team learning in this area and so that the home could be further represented at the local authority infection control meetings for Lincolnshire.

The arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Medicines were only accessible to staff who had had the necessary training in this area. Additionally, unused medicines were stored securely, pending collection by the supplying pharmacy. Staff responsible for medicines management maintained an accurate record of the medicines they administered, including prescription creams. Each person's medicine file included an up to date picture of the person so they could be easily identified. Details of any allergies were available so staff knew about any related risks and detailed information was available to staff on all the medicines in use in the home.

Daily checks were undertaken and recorded in regard to the temperature of the medicines fridge, whenever this was in use. Arrangements were also in place to ensure the safe use of any 'controlled drugs' (medicines

which are subject to special storage requirements). The acting manager undertook their own monthly medicine audits and the registered persons confirmed external medicine audits were carried out at six monthly intervals. They also told us and records confirmed that all of the recommendations from the last external audit visit had been completed.

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. Describing how staff provided their care one person commented that, "The staff are careful when they care. They work together to help me and I don't feel uneasy because they know what they are up to."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Information we looked at showed how the induction had been aligned to a national model for appropriately introducing new staff to care settings. We spoke with a staff member who was in the process of completing their induction. They told us, "I worked previously in two other care settings. This is by far the best."

The registered persons maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Care staff told us and records confirmed they had also been supported to obtain nationally recognised qualifications in care. In addition, records showed that staff had received training in key subjects including how to support people who experienced memory loss and who lived with dementia.

Staff also received regular supervision and support from the management team. Staff told us that they found this a helpful opportunity to reflect on their practice and to discuss opportunities for further professional development. In addition to their training and supervision, staff had access to a range of other information sources to ensure they were aware of any changes to good practice and legislative requirements. For example, the registered persons supplied regular updates on any changes in national guidance that staff needed to be aware of. The acting manager confirmed any information which needed to be shared was discussed at staff team meetings so all of the staff could be kept up to date.

We saw infection control procedures in the home were also regularly reviewed and updated. The registered persons confirmed they had identified a member of staff to act as the lead for development and learning in relation to the management of infection control.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The 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. We saw senior staff made use of best interest decision-making processes to support people who had lost capacity to make some significant decisions for themselves. Where appropriate these had been recorded in people's care records.

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). At the time of our inspection, twelve people living in the

main part of the home and ten people living in the homes 'Kingfisher Unit' were subject to a DoLS authorisation in order to keep them safe. The registered persons also confirmed they also had seven applications pending approval.

People we spoke with told us they enjoyed the food provided in the home. One person said, "I like the cooked breakfasts best." Another person said, I like most things. If I want something different they always do their best to help. The food is generally very enjoyable."

Kitchen staff understood people's preferences and used this to guide them in their menu planning and meal preparation. For example, the cook told us and showed us information to confirm menus were changed seasonally and that they had the flexibility to provide alternatives to the planned menu if people wanted something different. Information was also available to guide the kitchen staff in relation to any dietary risks associated with the types of food served and how food was presented. Some people needed to have their food served in ways which made it easy to swallow to avoid the risk of choking. Other people, for example those who had needs associated with diabetes had their menu options adjusted through discussions with them so that they were still able to make the meal choices they wanted. The cook knew the names of the people who needed additional support with their diet and confirmed they were supported by another cook to ensure consistency was maintained when they were not available.

From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and therapists. A visiting optician spoke with us about their experience of the home and commented that, "We come to the home to offer eye test checks. It all seems to work well. The staff are pro-active and anything you need to ask they answer quickly." We also spoke with a visiting community healthcare professional who described how they visited the home regularly to work closely with the staff team as part of a county wide project aimed at enabling people to be as independent as possible within the home. They and a senior staff member told us about an example where they had identified a person had experienced a succession of falls and weight loss. A review was completed as part of the project and in addition to occupational therapy support and a medication review other professionals including a speech and language therapist helped to formulate an updated care plan. Telling us how this work had helped to reduce the risks associated with falling and not eating enough the healthcare professional said, "We work together in a preventative way. It's about reflecting together on where the person is on their life journey and ensuring people are at the centre of the decisions about their care wherever possible. We are guests but we are a professional team. This means things work very well."

We also found the registered persons had given consideration to ensuring the physical environment and facilities in the home reflected people's needs and requirements. For example, Wi-fi was freely available throughout the home so that people and visitors could use their own electronic devices to keep in touch with each other. The building was purpose built and we saw it was set out all on one level making it easier for people to move around independently.

Toilets and other communal facilities in the home were clearly sign-posted to assist people and their visitors and adapted cutlery was available to assist people to eat as independently as possible. There were attractive gardens at rear of the home which people told us they used regularly. One person commented on this as they went outside with their family member saying, "It's easy to get in and out here because the ramps mean we can do it ourselves. We like to sit outside. We are going over there to that sunny spot."

Is the service caring?

Our findings

People and relatives we spoke with, told us the staff were kind and caring and that they were happy with the care provided. One person described care staff as, "Wonderful." The person added, "The staff help me in so many ways. They also help me keep in touch with my daughters who come to see me and they talk to the staff as well. We get on."

There was a calm, relaxed atmosphere in the home and throughout our inspection we saw staff supporting people in kind and caring ways. We saw a number of visitors coming and going and people spending time with staff and with each other in the home.

When undertaking support and care tasks it was clear that care staff knew people well. They called each other by their first names and people were relaxed and comfortable with staff when they received the help they needed from them. Staff wore name badges which people told us they found useful in identifying some of the staff they knew less well.

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, care staff asked for permission before carrying out any care tasks and offered assurance to people when they assisted with tasks which involved the person in needing to sit or stand up or when being transferred from one part of the home to another.

Staff supported people sensitively when they became distressed. We observed an example of this when one person who lived with dementia attempted to sit in another chair occupied by someone else and became distressed. Two staff members responded by speaking with both of the people gently without physically intervening to keep both people safe and in ways which showed they knew the people very well. We saw this approach helped the person who was agitated to become much calmer and happier. They stopped trying to sit in the seat and instead talked about their day and what they liked to wear whilst the other person was supported to remain in the seat they had chosen.

The staff team also supported people in ways that helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. People had access to their own private rooms which were furnished in line with their individual tastes. The acting manager told us how they were also mindful of people who may have diverse needs and would wish to share a room with a loved one. At the time of this inspection two people who were in a close relationship were supported to share a room together and another couple had chosen to have their rooms next to each other so they could maintain their relationship whilst having the privacy they wanted.

The registered persons were aware of the need to maintain confidentiality in relation to people's personal information. People's main care plans were stored securely and computers were password protected. Any supplementary folders which contained information staff needed to refer to in people's rooms was stored discreetly so that staff could access them but so that they remained confidential to the person. The

registered persons had also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of technology including electronic communications and social media platforms.

Information about local lay advocacy services was available to people to access in the home. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. The acting manager told us they would not hesitate to help someone secure the services of a lay advocate, should this be necessary at any time and they described how one person had been supported to access lay advocacy services to help them communicate their wishes about where they lived.

Is the service responsive?

Our findings

If someone was interested in moving into the home, the the acting manager told us they, or another senior member of staff normally visited them personally to carry out a pre-admission assessment to make sure the provider could meet the person's needs.

The care records we looked at had been further developed following the initial assessments and were well-organised. We saw that they provided staff with detailed information on how to respond to each person's individual needs.

People we spoke with said that staff had consulted with them about the care they wanted to receive and had recorded the results in an individual care plan. Information also showed care records were checked and reviewed with people to make sure they were kept updated. When we spoke with care staff it was clear they understood people's needs and preferences well and overall we observed this was reflected in their practice.

The acting manager told us how they ensured communication was used to keep people updated and informed about how the home operated and any developments using a range of methods. This included holding meetings with people who lived at the home, a notice board and a regular newsletter about events and activities at the home. They described how they understood some people may need information about the home and how care as provided available to them in different formats so they could access it. They confirmed that they could produce their records in large print or in braille if this was needed at any time and that the registered persons supported them to do this.

People told us and we observed people had continued to be fully supported in maintaining and further developing their interests and hobbies in ways which were meaningful to them. This included helping people to maintain any religious practices they had chosen to follow. In order to facilitate this religious services were held regularly at the home for people who wished to take part in them.

Whilst describing how they provided support to people with activities, the activity co-ordinator told us how they and another staff member continued to work closely together to plan a range of activities and events. These had been aligned to the wants and wishes people had. We saw information which showed activities were provided consistently in both parts of the home including the 'Kingfisher Unit' which supported people who lived with dementia.

The acting manager and activity co-ordinator described how an organisation called 'zoolab' visited people and introduced them to a range of animals people had expressed an interest in experiencing at close hand. The activity co-ordinator described how one person, "Got to hold a corn snake. The person had always wanted to hold a snake and now at the age of 93 they had finally managed to do that."

They also described how another person had been out in the homes mini bus to a local air museum. On return to the home the person had immediately asked if they could be included on future trips to the museum. This request was followed through and the person made a further trip which they told the activity

co-ordinator they had, "Thoroughly enjoyed."

During our inspection we spoke with a voluntary visitor who told us they visited every other week with their 'Pat dog'. The volunteer told us, "I am a regular visitor. I live locally and it's a well thought of home. It is lovely here." We observed how some people, including those who lived with dementia responded very positively when interacting with the dog. The activity co-ordinator also described how one person had experienced a stroke which had affected their ability to communicate. The person did not like to leave their room and preferred to stay in bed. They told us how the pat dog had made a difference to the person by visiting them in their room saying, "The persons face lit up."

When they told us about the things they enjoyed doing one person said, "I like the singers who come in. There is always something going on. We have a newsletter which tells us all about anything coming up and what's been happening." Another person commented, "The activity person comes to talk to me. She is really nice and we can make suggestions about things. I like all the activities here." Some people told us and we observed they were getting ready to go out on a planned trip to a local garden centre. When they returned one person told us how they. "Really enjoyed getting out and about."

The acting manager described how staff had been supported to ensure people who were reaching the end of their lives were cared for with compassion and kindness. They shared a range of cards and letters that were sent to the home by relatives which praised the care staff and the team for the kindness and care given to their relatives during their final days at the home. One of the cards highlighted how thankful the person's family were for the care given to their loved one during their final days. They described how staff had ensured the person was kept free from pain, remained comfortable and their end of life care plan followed to ensure dignity and respect was fully maintained. We also saw a letter sent by the relatives of another person to the registered persons. The letter explained everything from their point of view about the end of life care provided by staff, how the family were kept fully involved and what the home did to ensure the person's and relatives wishes were fully supported and acted on.

People we spoke with knew how to raise any concerns or complaints and were confident they would be addressed promptly by the provider. Records showed that the registered persons had received three formal complaints during the last twelve months and that these had been responded to. We saw the registered persons had a complaints policy which was reviewed and kept up to date. We saw the complaints procedure was accessible to people. However, when we looked at the information it contained we noted it did not include the most up to date contact details for the health service ombudsman. We raised this with the registered persons and they undertook immediate action to update it.

A relative we spoke with told us that although they were generally happy with the support staff provided to their family member they were concerned about having easy access to water in the Kingfisher Unit. They said, There are jugs of water available and we have access but there are no communal taps in here. It means if we want top ups we have to go down into the other part of the home and it makes it more difficult. We asked the relative if they were happy for us to raise this with the acting manager. They said they were happy for us to do this. When we spoke with the acting manager they took immediate action to consider a solution to the concern raised. In response they told us how they had arranged to have a regular supply of bottled water in the Kingfisher Unit and that bottles would also be available in the fridge in the unit. The acting manager spoke with the relative about their actions together with us and the relative said they were happy with the solution offered.

Is the service well-led?

Our findings

There was a registered manager in place at the home. At the time of this inspection they were not available. The registered persons had notified us about the reason for this and had kept us updated regarding the leadership arrangements in place at the home. Prior to our inspection the registered persons had provided the information we needed to confirm that a change in manager was being planned. The registered persons confirmed they were in the process of recruiting to the manager role and that during this period of transition an acting manager, who had previously been the established deputy manager was in post. They were available together with the area director to provide any additional information we required at this inspection.

After we completed our inspection visit the registered persons informed us the acting manager had been successful in securing the position of manager at the home and that they were in the process of applying to register with us. The registered persons also confirmed they were in the process of recruiting a new deputy manager.

People, relatives and the staff we spoke with told us they felt the home was well-led and that the arrangements for care were well organised. Commenting on this one person said, "The staff know their jobs well and it always feels pretty well seamless from where I sit." A relative added, "The door is always open for the manager. Staff are really friendly. I can and do pop in at any time. In fact I visit all hours. I know the carers well and even the domestic staff know me. I would say overall the home is well led."

We observed staff from the various departments within the home worked together in a well-coordinated and mutually supportive way. This helped ensure the delivery of effective care to people. Describing the approach of the acting manager and how staff worked one staff member said, "It's a really supportive team. We rally round whenever it's needed and there is a good culture here." We also saw how the home worked well with other agencies through the interactions we saw between staff and visiting health professionals and from the feedback those professionals gave us in the 'Effective' section of this report.

The registered persons were committed to involving people in the on-going improvement and development of the home. Developments were considered and planned in line with feedback the registered persons received from people. In their PIR the registered persons described how they involved people and their relatives about the care they received and gave examples about how they listened to and responded to any suggestions made. One example highlighted how a person liked to keep fresh fruit in their room but it was noticed that the fruit was turning very quickly and was not being eaten. The person and their relative suggested a fridge for their private room so that the fruit could be kept fresh. This was agreed. The outcome led to the person being able to store their fruit and other items in their fridge so they could help themselves when they chose to.

Feedback was also obtained using a range of methods. We saw the acting manager communicated openly with people and that 'residents meetings' were held every two months to obtain feedback on ideas people had for developing things like the menus, arrangements for care and those related to individual and

communal activities. Relatives were also invited to attend the meetings so they could provide any additional feedback. Formal surveys were also carried out by the registered persons. We looked at the information about the outcome of the last survey carried out in June 2017 and the majority of people had fed back that they were satisfied with the services provided. The acting manager told us how they followed up on any suggestions and feedback following the survey by giving an example about some people who had said they had experienced difficulties with their laundry getting mixed up. They described how they had introduced a laundry tagging system, which had helped reduce the risk of clothing being delivered to the wrong room once it had been washed and dried. They added that, "This is a relatively new system and so far it appears to be working well."

The acting manager told us that they had a range of effective systems in place to monitor the quality of the care, including regular care plan reviews and equipment and infection control audits. They also described how following a food hygiene visit from the food standards agency earlier in the year they had taken immediate actions to respond to the recommendations made. We saw that following this action the food hygiene rating at the home had been increased in June 2017 to the highest level which could be achieved.

The acting manager also showed us that they used systems to monitor the deployment of staff and responses to call bells. To support them with this the registered persons had installed a call-bell monitoring system which could be used to check how quickly staff followed up calls for assistance. The acting manager told us this had recently stopped working and that they were waiting for it to be repaired. Whilst people told us and we did not see this had an effect on the responses care staff gave during our inspection, we were concerned that the system was not working so would not pick up any issues related to response times. The area director assured us the system would be repaired as soon as possible and described the alternative arrangements in place for monitoring responses while they were getting this work completed. This included daily call bell audits by the acting manager who was also monitoring response times by undertaking random spot checks.

The registered persons were aware of the need to notify CQC or other agencies of any untoward incidents or events within the home. We also saw the report and rating from our previous inspection was on display in the home, and on the registered person's website as required by law.