

St. Cloud Care Limited

The Boynes Care Centre

Inspection report

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08 January 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection was undertaken on 03, 04 and 08 January 2019. The first two dates were unannounced which means the provider did not know we were coming. The final visit was announced.

The Boynes Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Boynes Care Centre accommodates up to 40 people in a large adapted property with more modern extensions. The home is split into two units. Malvern unit supports older people and people living with Multiple Sclerosis. A service is provided for people on short stay as well as permanent. Cedar unit supports people living with a dementia. There were 16 people living at the home at the time of the inspection.

At our previous inspection on 27 and 28 September 2017 we rated the service as 'Requires Improvement' in each of the five key questions as well as overall. We identified three breaches in regulation. These included the provider had failed to ensure people received safe care and treatment. The provider had not ensured people were safeguarded against abuse. The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service.

As a result, we had asked for the provider to send us a report explaining the actions they were going to take to improve the service. Shortly before our inspection the registered manager had sent us an update on the actions they had taken since the previous inspection. We undertook this inspection to see whether the provider had made the necessary improvements.

At this inspection we found the provider was no longer in breach. Although improvements had taken place we identified some areas where further improvement is necessary. We brought these to the attention of the registered manager as well as other senior managers working for the provider. Some of these shortfalls were acted upon immediately such as checking whether nurse with their registration to practice renewed. Other shortfalls were investigated and we were sent action plans in relation to these.

The provider had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our previous inspection improvements have taken place in areas such as staffing, staff knowledge on protecting people from abuse and governance. A registered manager was in place and showed a passion to make further improvements at the home.

People who lived at the home as well as relatives and staff were complimentary about the care provided and were confident in the registered manager and the improvements made.

We identified shortfalls in how medicines were managed. These were discussed at the time of the inspection and action taken to reduce the risk of reoccurrences.

People were cared for by the staff who had knowledge of how to keep people safe and what to do if they believed people to be at risk. People's wishes were taken into account to ensure people's preferred life styles were met.

People had a range of fun and interesting things to do and were involved in deciding in these. People were able to take advantage of a mini bus to go on outings to interesting places as well as shopping and meals out.

People were supported to have maximum choice about their lives and were supported in the least restrictive way possible. Staff spent time with people talking about important things in their life and had developed a caring relationship. People were encouraged to make decisions about their day to day life. People's privacy and dignity was respected.

People's needs were assessed before they moved into the home and these were reviewed as to ensure they could be met. Staff ensured people had enough to eat and encouraged people to drink. People were complimentary about the food provided.

Staff received the training they needed to provide the care and support people required to keep them safe and maintain their wellbeing.

There were enough staff to meet people's needs and staff worked as a team to support each other to ensure people's needs were met. Healthcare professionals were consulted and involved in people's care as needed to maintain their wellbeing.

Accidents and incidents were recorded and the registered manager analysed these to consider any trends and to look at any lessons learnt because of these.

The home was clean and tidy and staff had an awareness of infection control.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicine management was not consistently robust to ensure risks were mitigated and people received their medicines safely.

People's needs were met by suitable recruited staff although nurse registration checks were not always carried out to check the registration remained in date.

People were provided with care at times they required this as suitable staffing arrangements were in place.

People were supported by staff who had a knowledge about how to report abuse and the action needed if abuse was suspected.

Risks to people had been identified so equipment and aids were sought to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective

People were supported to make decisions where possible. Staff were aware of people who lacked capacity and of people who needed support to make decisions.

Staff had the knowledge and skills to meet people's care and support needs as well as promote their health and wellbeing. Food and drink was available and staff support people to have their dietary needs.

Adaptions had taken place to make the environment dementia friendly.

Good ●

Is the service caring?

The service was caring.

Good ●

People were cared for by caring, kind and compassionate staff.

People were involved in making decisions about their lives and the support they received.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to moving into the home.

People had fun and interesting things to do and were able to engage in a range of past times including outings on a mini bus.

People and their relatives were aware they could complain about the service

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to access the quality of the service.

The registered manager had maintained an improvement plan following the previous inspection.

People, relatives and staff were confident about the registered manager and the improvements they had brought about.

People and their relatives believed the home to be well-run and managed.

The Boynes Care Centre

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 comprehensive inspection took place on 03, 04 and 08 January 2019. The inspection was unannounced on the first two visits and announced on the final visit. The inspection team consisted of one inspector throughout. On the first day of the inspection a specialist advisor and an expert by experience also attended.

Before the inspection we reviewed information available about this service. The previous manager, who was not registered, had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived at the home. We also spoke with nine relatives of people who lived at the home or had lived at the home.

In addition, we spoke with the registered manager, the regional manager, a quality and compliance manager and the provider's nominated individual who was also the operations director. The registered

manager was present at the home throughout our inspection while the regional manager was present for a large part of the inspection.

We spoke with the deputy manager, a senior care member of staff and four care members of staff, the activities coordinator, a housekeeper a maintenance member of staff as well as the nursing staff on duty. We also sought the views of a visiting healthcare professional.

We viewed the care records of seven people, three staff recruitment files and checked how people's medicines were managed. We looked at information which showed us how the registered manager and the provider monitored the quality of the service provided and how they were planning to make improvements. We also looked at accident records as well as complaints and compliments received.

Is the service safe?

Our findings

At our last inspection in September 2017 we rated this key question as 'Requires Improvement'. We found the provider had not ensured people who lived at the home received safe care and treatment. This was because people were not always supported by sufficient staff who were deployed effectively to ensure people remained safe. In addition, staff had not always reported incidents of potential abuse and risks. These had not been consistently identified and assessed for them to be mitigated. These were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had taken place in the areas requiring improvement following the previous inspection. However, other areas requiring improvements were identified as part of this inspection. The rating for this key question remains 'Requires Improvement'.

People told us they received their medicines as needed. However, during our inspection we identified some concerns regarding the management of medicines. In addition, a concern was raised by a healthcare professional which we raised with the registered manager.

During an observation we witnessed a nurse administer pain relief to one person. In the afternoon we viewed the person's medicine records and saw the medicine was recorded as given at 8:00am however we saw it administered at 11:10 am over three hours later. We saw another nurse had administered a further dose of the medicine at 13.30 pm. This was therefore a gap of two hours and 20 minutes between doses. There is a recommendation of a four-hour gap between when medicine is given.

As the overall combined dose was within the prescribed range the person was not overdosed. However, the practise of not accurately recording the actual time was of concern and could have potentially resulted in an overdose occurring without any one realising.

We looked at the recording of when controlled medicines were administered. One person was prescribed a patch to manage their pain relief. The records showed the day on which the patches were renewed had altered. We spoke with nurses about the change in the person's care. They could not explain to us why this had occurred. The time when the patch was changed was recorded on two separate documents. The time of application recorded within the Controlled Drugs (CD) Book and the patch records did not match. No other concerns were raised regarding the safe handling of CD medicines. The deputy manager could describe the safe way patches were disposed of which was in line with good practice guidance.

Some people had medicines prescribed on a variable dose. The medicine records showed the actual dose given needed to be recorded. Although this was often done this was not always the case We carried out checks on the balances held of some medicines and found in each of these cases they were correct.

The registered manager undertook immediate investigations into the areas identified by us and sent us the outcome of these as well as details of the actions taken to reduce the risk of similar events in the future.

Systems were in place to ensure safe recruitment for new staff members. Checks had taken place including with the Disclosure and Baring Service (DBS) before staff commenced work. The DBS is a national agency who keep records of criminal convictions. One new member of staff told us they had to wait to commence working for the provider until references were obtained.

We looked at the information held regarding checks to ensuring nurses had a live and active registration on the Nursing and Midwifery Council (NMC) register and without any restrictions. Checks had not taken place to ensure nurses had renewed their registration. For two nurse the need to check their renewal had not taken place in time and were three days late. However, for one nurse who had come from another location registered by the provider, a check on their registration had not taken place for over two months after their registration had expired. Although immediate checks were undertaken which showed these nurses had an active registration to practice this shortfall could have potentially resulted in unregistered nurses working at the home providing nursing care to people.

We had previously seen people exhibiting challenging behaviour with no staff presence. Staff had previously believed two people needed one to one support and staff were unable to consistently provide this level of care which had an impact on other people living at the home. At this inspection we found staffing levels and the deployment of staff members had improved to meet the care needs of people living at the home.

Following our last inspection, the registered manager had reassessed people's needs and as a result some people had moved to alternative accommodation. The registered manager told us they needed to make sure the care provided for people was safe and therefore now had a more robust assessment process in place.

People we spoke with believed sufficient staff were on duty. One person told us they had noticed an improvement in the staffing levels. Staff members and relatives we spoke with confirmed sufficient staff were available to meet people's needs and to keep people safe from either harm or poor care. During our observations we saw staff to be attentive to the care needs of people in the communal areas within Cedar unit. We saw there was a staff present in the lounge area at all times. One relative told us they had always seen, "At least one member of staff sitting in the lounge" to ensure people were cared for. Another relative told us, "Always a lot of staff" available in the home.

Staff were reporting incidents and the registered manager viewed these records to establish what if any action needed to be taken. Accidents and incidents involving people were recorded and reviewed. We saw actions were recorded to reduce further incidents.

The registered manager told us lessons were learnt following the previous inspection regarding the need to carry out full assessments prior to admission. Lessons were also learnt from reviewing accident and incident reports and from comments received from people and family members.

People felt safe living at the home and were protected against abuse. One person told us, "I do feel safe". Relatives we spoke with were confident their family member was safe living at the home. One relative told us, "He is very safe" and added they enjoyed visiting as a result. Another relative told us, "I can now relax as I can rely on the staff" knowing their family member was cared for safely. A further relative told us, "I get the sense people trust the staff."

Staff members were confident people were safe and told us they would report and document any concerns they had regarding people's safety. One member of staff told us they liked working at the home because they felt people were safe. Staff were aware of other agencies such as the local authority and the Care

Quality Commission (CQC) to whom they could report concerns. Information on the provider's whistleblowing procedure was displayed within the staff room for them to seek information from if needed. Staff members told us they would be happy for a relative of theirs to live at the home because they felt they would be safe.

Risks to people's safety were assessed and accounted for. The specialist adviser involved in the inspection found the documentation held in relation to risks to people to be good although risk assessments were not always cross referenced to each other. We saw staff use pieces of equipment such as hoists to assist people into a chair safely. While using these items of equipment we saw staff offer guidance to people to reassure them as well as ensure they were safe. Staff assured us people had individual slings to be used on these items of equipment and told us equipment was regularly serviced to ensure it was safe. When people needed specialist mattresses these were set to individual's own weight to provide the support they needed.

A personal emergency evacuation plan (PEEP) was seen to be in place regarding each person. These were available in a grab-bag near the main exit for use in the event of an emergency.

People could be assured the home was clean and tidy. Relatives told us they believed the communal areas of the home as well as their family members bedroom to be clean. A member of the housekeeping team told us staff were on duty throughout the day seven days per week to ensure the home was kept clean. They told us in their opinion the standard of cleanliness in the home to be good. We looked at communal toilets and bathrooms and found them to be clean and tidy. Facilities were available within the home for staff and others to use hand gel. These hand washing facilities were provided to reduce the risk of cross infection and were seen to be used by staff members during the inspection. Staff were seen to be wearing protective clothing when serving food and assisting people with their meals to assist with preventing cross infection.

Is the service effective?

Our findings

At our last inspection in September 2017 we rated this key question as 'Requires Improvement'. This was because people may have been deprived of their liberty without best interest decisions taking place. The provider has since made improvements. The rating for this question is now 'Good'.

In September 2017 we found the provider had not ensured people were assessed when they needed to be to consent to their care. In addition, staff did not always have the confidence and the skills required to ensure people were not restricted against their best interests. These were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a continued breach as we had also found the provider to be in breach of this regulation in September 2016.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The registered manager and staff were aware of the MCA and also aware of the people who had an authorised DoL in place. Staff were aware of the reasons for these such as the use of a keycode on a door and therefore restricting people and the use of covert medicines (disguised in food or drink). The registered manager was aware conditions in people's liberty would need to be recorded within the care documents to ensure all staff were aware of these. They were also aware of people's Relevant Person Representative and assured us these people were in regular contact. Staff were also aware of when they would need to undertake Best Interests decisions and the need to involve relevant people in these.

People had their needs met by staff who had received training. A senior care staff member told us they were a trained trainer in areas such as moving and handling and had taken staff through the training they needed to undertake. One member of staff told us they tried to keep up with their training and told us they had no issues over the training available to them. A relative told us they were aware staff had undertaken, "Loads of training" since the appointment of the registered manager. Staff told us newly appointed staff would undertake the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.

The home is a converted residence which has had extensions built. People could personalise their own bedrooms. One member of staff told us this assisted people, "Feel at home". People resided over two floors with both Cedar and Malvern using both floors. Bedrooms were named and included the name of the person using the room. In addition, a memory box was outside many bedrooms room. These contained small items which were important to the individual residing in the room. The registered manager and the regional manager told us of plans to create a centre of excellence regarding dementia care. There was signage around the home to assist people with a dementia find their way around and to recognise areas.

The registered manager was aware of the importance of personalised care. Care plans contained information about people's preferences as well as their likes and dislikes. These plans were regularly reviewed and up dated so changes in people's need could be implemented. Personal histories were completed where people or their family members had shared information. These were provided to assist staff provide personalised care and for staff to know what was important to people such as hobbies and interests.

Information on meeting the needs of lesbian, gay, bisexual and transgender people in social care services was available for staff to refer to in the staff room. This information was available to demonstrate the importance of taking regarding for people's differing sexual preferences and the importance for people to take ownership of these.

People were supported to live healthy lives by receiving ongoing healthcare support. One person told us they had in the past a cold and staff called the doctor. The same person added, "I got the attention necessary." Staff told us healthcare professionals visited people who lived at the home such as doctors, advanced nurse practitioners, dentists and chiropodists. We saw evidence to show staff at the home had attempted to contact healthcare professionals for advice such as regarding people with sore skin. One healthcare professional spoke about how things had improved but raised a concern about one person and some cream which was prescribed. We discussed this with the registered manager who undertook an investigation regarding a time delay.

People told us or indicated they liked the food provided. One person described the food as, "Excellent choice". Another person told us they could have a full cooked breakfast provided they asked the day beforehand. We heard a member of staff ask one person whether they had enjoyed their meal. We saw the person concerned nod their head in reply. We also saw the cook checking with people about their meals. We saw staff assisting people with their food and fluids as required. We saw staff sitting at eye level with people while they were assisting them. We saw staff members offer people drinks on a regular basis. A relative told us their family member received drinks they liked and soup of their liking.

People's weights were taken and any concerns regarding loss were discussed with the catering staff to introduced fortified foods to increase weights. A relative told us "I sat today while (family member was) having lunch. It looked very tasty." The same relative told us their family member had, "Plenty to eat and extra if wanted." The menu was displayed as well as details of food available to people throughout the day or night such as fruit, sandwiches and jacket potatoes. Staff were complementary about the food provided. One staff member described the food as, "Really nice, it's lovely."

We saw written comments about the food within a book in a lounge area. Comments included, "Delicious", "Very pleased with the food", "The food was delicious and always nice and hot. I always enjoy my meals here" and "There is always alternatives and chefs are willing to go the extra miles for extra choices."

Is the service caring?

Our findings

At our last inspection in September 2017 we rated this key question as 'Requires Improvement'. This was because staff were task focused. The provider has since made improvements. The rating for this question is now 'Good'.

Throughout the inspection we saw staff members to be attentive and caring to people while providing care and support. For example, we saw staff checked people were comfortable while sitting down and assisted people by providing cushions such as to raise their legs if they wished this support. One person told us, "I am happy here". Another person told us they were fond of the staff and believed the staff felt the same about them. We saw people wave to members of staff and each other as they walked by and saw staff return the gesture. One member of staff told us they worked in care because they, "Want to make a difference" and felt they were able to do this working at The Boynes.

Relatives found staff to be kind and caring. One relative told us, "I find it (the service provided) very caring" and staff, "Really know the residents." Another relative told us they were, "Very pleased with it (the standard of care). A further relative felt confident in the care their family member received as their face was more relaxed than in the past and told us their family member described The Boynes as their home. The same relative told us, "I can't fault the care" and, "Staff know how to treat people as an individual. I am pretty impressed." A further relative told us they believed since the new registered manager arrived the, "Quality of care has gone up big time" and believed the care to be, "Excellent".

Most staff members we spoke with told us they would be happy for a family member of theirs to live at the home. One member of staff described the care provided as, "Good" adding they believed the team work to be better than previously. Another member of staff described the home as, "Beautiful" and, described the staff as, "Brilliant". The operations director told us changes had taken place at the home since the previous inspection and believed the service to be, "Now running for the residents" as a result of, "Team effort".

People were offered choice about how they wanted to spend their time and what they wanted to eat. For example, when people came into the lounge staff asked them where they wanted to sit and whether they wanted to participate in activities. People were asked what they wanted to eat and staff were seen to check people had finished their meal before removing their plate. People could have their hair dressed and were assisted to take care with their appearance. One relative told us, "People are not rushed" and told us they were pleased to see their family member wore make up as they would wish to look.

People's right to privacy and dignity was respected. Throughout the inspection most staff members were seen to knock on people's bedroom door before entering although this was not always the case. One person told us staff, "Make sure your door is closed" and, "Will always knock the door". We saw staff cover people with a blanket to ensure their privacy and dignity was maintained when using equipment such as a hoist.

One relative told us in their experience staff respected people's dignity and they had witnessed staff escort people to their own bedroom if they required personal care. Staff we spoken with told us how they

supported people's privacy. One member of staff told us, "I treat people how I would like to be treated" and, "I put myself in their place and how I would want to be treated." Another member of staff told us, "I look after people as I would like my relatives looked after."

Information and guidelines for staff members on the 'do's' regarding dignity was on display in the staff room for them to refer to. In addition, information about comfort, compassion and care was also displayed around the home for people, visitors and staff to see.

Relatives were able to visit their family member. One relative told us, "I find the staff welcoming." Another relative told us they found staff to be, "Very helpful" when they visited. A further relative told us, "Staff treat me well." We saw staff knew people's relatives by name.

Records were stored securely for example computer records were password protected to ensure people's right to confidentiality.

Is the service responsive?

Our findings

At our last inspection in September 2017 we rated this key question as 'Requires Improvement'. This was because people told us of different experiences depending upon where they lived within the home. People on one unit told us they could choose how they spent their day. This was not however the experience of people on another unit. The provider had made improvements on Beeches unit. Cedar unit. The rating is now 'Good'.

Two relatives confirmed prior to their family member moving into the home the registered manager had carried out a needs assessment. The registered manager was aware of the importance of assessments to ensure the staff team could meet the needs of people before they were admitted into the home.

During our inspection a concern was raised about some aspects of care. One person had a care plan for oral care and the use of a mouth wash if made available by the person's family. It was confirmed the need to be registered with a dentist had taken place. Although the registered manager had requested staff record whether oral care had taken place or refused we found little evidence to suggest staff had recorded what care had taken place.

Staff were seen to regularly respond to people's needs. For example, we saw staff responded to people in the event of them using their call bells. We were assured staff had met a person's personal care needs in a timely way when it was seen they needed these met on returning from an outing.

Relatives told us the needs of their family member were met by staff members. One relative told us of an occasion when their family member needed to go to hospital. They told us a member of staff travelled in the ambulance with their family member and met them at the hospital. The same relative told us staff "Know likes and dislikes and what people have done in the past". Having this knowledge enabled staff to talk with people about subjects they were interested in and provided personalised care.

People had a range of leisure activities. During our inspection we saw people engaged in some fun and interesting things to do. For example, we saw people carrying out flower arrangements. The activities coordinator was seen taking photographs of people with their display. One person in jest with the staff member pulled a funny face when having their photograph taken. We saw people engaged in a karaoke singing into the microphone which generated laughter. In addition, we saw people playing games such as dominos and completing jigsaw puzzles both individually and with staff supporting them.

Photographs of people involved in activities were made available for us to see. These were frequently made available to relatives so they could see their family members engaging in these fun and interesting events. We saw evidence of a parties to celebrate a recent Royal wedding with staff wearing masks depicting the Royal Family and Christmas as well as people marking 100 years since the end of the first world war, a tea dance and meeting pets and other animals brought into the home. Further photographs of events and activities including evidence of people in their bedrooms taking part were including within a newsletter.

A relative described the activities coordinator as, "Excellent with people" and told us this person had a, "Caring attitude". The same relative told us, "Things going on within the home such as singing and music and a nice atmosphere." Another relative described the activities provided as, "Very stimulating". A further relative told us about people playing a game of dog bingo when they had visited.

Another relative told us about some of the trips their family member had gone on including one to a narrow boat. The same relative told us their family member had taken part in activities they had never done before such as entering and winning a Christmas card making competition within the provider's organisation.

One person was seen using a carpet sweeper in the lounge. The person's family member spoke with us and told us of their delight in seeing their family member engaged in such activities within the home. Staff told us people were, if they wished, able to be involved in activities such as folding washing.

People had opportunities to take part in trips and outings on a minibus. Although for some people the number of times they could participate on these had reduced this was to enable a greater number of people to go out. We were told of outings to places of interest such as a RAF museum and National Trust, trips shopping, garden centres, cinema trips and meals out. Following our inspection, we were sent photographs of a trip to Worcester Cathedral where people had enjoyed a drink and cake.

Staff could tell us about how they met individual needs such as religious observance. We were told nobody was regularly visiting a church although a vicar was reported to attend the home. We were told of a person who had dietary needs as part of their cultural needs and that these were addressed.

The registered manager told us of activity write ups for people which showed their interests, hobbies and ambitions. These were regularly reviewed involving people and their family members. These documents contain photographs and accounts of individuals and what they liked doing, had done and would like to do. A resident's forum decided on the activities and outings people wanted to be involved in.

We saw a display regarding treasured memories of people was on display. This showed memories people held dear such as hop picking, holidays, war time memories and sporting achievements.

At the time of our inspection no one was receiving end of life care. We spoke with two relatives who had recently had a family member pass away while living at the home. Both were complimentary about the care their family member received as well as the support provided for them. One relative told us, "So glad they (family member) had a good quality end of life." They also told us their family member was, "Comfortable" and told us staff did a, "Splendid job." Another relative described the care their family member received as, "Brilliant". We saw anticipatory medicines were available for one person if needed. Anticipatory medicines are to help manage pain relief if needed.

We saw thank-you cards written by relatives of people who had passed away. One person had written, "The Boynes is a wonderful place spending her last years at the home has been a great comfort to me and my family." Another person wrote, "Kindness, care and compassion especially in the last days of her life."

Following our inspection, we were made aware of some emails between a relative who had recently had a family member pass away and staff at the home. The relative wrote, "We were lucky to have such a lovely nursing home with fantastic carers and nurses, you are all wonderful people".

The registered manager had a system to record the number of complaints received monthly. One person told us, "If I was unhappy I'd go to (name of registered manager) who would respect what I have to say". We saw

the registered manager had investigated complaints and recorded how they were resolved and the actions to be taken to prevent a reoccurrence. Relatives we spoke with were confident the registered manager would listen to any concerns they had and told us they could speak with the registered manager whenever they wished to do so. One relative told us, "I have no problems. Any are dealt with promptly"

The registered manager had an awareness of technology and how this could be used to improve how people received information and communicated. For example, they had an awareness of a system which used pictures and symbols to aid effective communication. We saw a computer was available for people to use. Wi-fi was available for people to use computers and other items of equipment.

Is the service well-led?

Our findings

At our last inspection in September 2017 we rated this key question as 'Requires Improvement'. This was because we identified shortfalls with the governance of the home. There was no registered manager in place at the time of the previous inspection although a new manager had recently commenced their employment at the home. These were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had taken place in the areas requiring improvement following the previous inspection. We found the registered manager had made improvements. As a result, this question is now, "Good".

Since the previous inspection the manager has become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage services. 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 Regulation about how the service is run.

The registered manager was aware of the shortfalls from the previous inspection and had maintained an improvement plan to ensure areas identified were improved upon to ensure people who lived at the home were safe. At the start of our inspection the registered manager told us they were 'More positive' about the quality of care and support people were receiving and told us of their desire to provide a, "Homely Home".

During the inspection we brought several observations or findings to the attention of the registered manager and regional manager. Between the conclusion of the inspection and preparing the report we were sent investigation reports. These detailed the findings as well as actions taken, if required, to make improvements and ensure people were safe and to reduce the risk of further incidents. Under one investigation the registered manager concluded a more rigorous system was required to reduce the risk of similar errors in the future.

The registered manager told us since the previous inspection several changes involving staffing had taken place and as a result several staff were no longer employed by the provider. At the time of the inspection the registered manager had a newly appointed deputy manager working alongside them as well as support from more senior managers within the organisation. The registered manager was complementary of the support they had received from these people. Senior managers as well as the deputy manager spoke highly of the registered manager during our inspection. One person described the registered manager as, "Caring, professional very thorough and organised."

People were aware of the registered manager and responded well to them when they saw her. One person described the registered manager as, "Very nice and friendly" and the deputy manager as, "Very thoughtful". We witnessed the registered manager assisting people when needed. For example, they assisted one person to be more comfortable while in bed. Relatives we spoke with told us they had noticed improvement since

the appointment of the current registered manager. One relative told us the registered manager was always available if needed. Another relative who was complimentary about the registered manager told us they had never looked back since their family member moved into the home.

Staff told us they were well supported in their role. One member of staff asked to see us. They told us they believed the registered manager to have done a, "Cracking job" and had put, "Their heart and soul" into the improvements made and spoke of a better atmosphere in the home since they had taken on the role. Another member of staff told us it was good to have a stable manager in post and told us they believed them to be, "Doing a good job."

Staff told us they enjoyed working at the home due to the support they received and felt the registered manager helped and assisted when needed to support and care for people. Staff told us of an improvement in morale within the team because they found the management team listened. Staff valued the registered manager bringing in changes such as staff receiving a birthday card from people who lived at the home and their colleagues, employee of the month and bringing in cakes and other treats. We saw a 'You said we did' document aimed at raising staff morale which included ways of improving how staff felt about their work including a staff rounders team.

The registered manager told us they held meetings with staff members. They also held a daily meeting with heads of departments within the home to improve communication and ensure everyone knew what was happening. The registered manager believed it was important for all staff to know what was happening in the home and how people's needs were to be consistently met. The registered manager could message staff members, whether it be groups or individuals, to ensure they received information such as updates about people's care.

We saw a display of comments received on a comparison web site regarding care homes. The registered manager was proud of the improvement in the score received on this site since the last inspection and in recent months. We saw some comments before the inspection as well as the ones displayed. These included comments such as, "Excellent carers", "I couldn't be more pleased" and, "The home lays on activities and entertainment", "Excellent, first -class care" and, "I am looked after very well and would not go anywhere else". Following the inspection, the registered manager forwarded to us up to date comments they had received. These included, "Lots of activities underway" "The staff are friendly and residents seem happy and well looked after" and, "I went out on a pub lunch during my stay and really enjoyed it, lovely company and well organised."

Customer satisfaction surveys were sent to people during the summer of 2018. The surveys had different headings. The responses returned were either excellent or very good. No written comments were seen on the returned surveys. The registered manager had booked meetings for relatives however nobody had attended these meetings. The registered manager was confident they could see relatives at times when they visited their family member if they needed to raise any concerns. Relatives confirmed they could speak with the registered manager if needed.

We saw the registered manager and others such as team leaders and the regional manager completed a range of audits and checks to improve the effectiveness of the service provided to people and ensure their safety. For example, we saw checks on fire safety were undertaken as well as checks on equipment. We noted checks on fire escape routes were not recorded since November 2018. No reason for this omission was able to be given at the time of the inspection. A health and safety audit recorded 'full training given' regarding how people were transferred safely. We saw care plan audits were carried out with any shortfalls identified recorded with the action needed to address the shortfall.

The registered manager carried out observational checks regarding the care and support people received. For example, meal time observations and the use of hoists to assist people move or transfer. These observations showed people were supported appropriately to meet their needs.

The registered manager worked with other organisations such as social services, and the health authority to ensure people were receiving appropriate care and support. The registered manager had raised concerns where they believed people needed additional support to meet their care needs. We saw the registered manager had established links with community groups such as local children from a nursery school visiting people living at the home and getting involved and local businesses.

The registered manager understood the requirement under their registration to inform the Care Quality Commission (CQC) of certain incidents, events and changes which effect either the service or individuals. We found one occasion whereby as an oversight the registered manager had not informed either the local authority or CQC of an allegation they reported to a staffing agency.