Bindon Care Ltd

Bindon Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 23 and 28 February 2017. The inspection was unannounced.

Bindon Residential Home provides accommodation for up to 42 people. The service provides care for older people; most of whom are living with dementia. The home is separated into two different areas called Bindon and Elmcroft. These are accessed by separate front doors or via the garden at the rear of the properties. At the time of our visit 36 people were living at the service, 22 of whom were living in Bindon and 14 of whom were living in Elmcroft.

We undertook a focussed inspection on 28 October 2016 in response to concerns about staffing levels and the possible impact this had on people's care. We did not find evidence to support these concerns.

The service had a comprehensive inspection in November 2015 when it was rated as 'requires Improvement'. At that inspection we found a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to the recruitment procedures. At the focussed inspection in October 2016 we found recruitment procedures had improved and the service was fully compliant in relation to recruitment. A number of other improvements were identified during the November 2015 inspection. For example, there were times when there were delays in assisting people or monitoring the impact of people's behaviour on others. Some areas of risk management needed to be improved to ensure risks were managed safely and consistently. There was a complaints process but written information was not readily available about the process and the timescales. People's care needs were reviewed but not in a meaningful way which resulted in care plans not reflecting their current needs and the risks to their well-being. Improvements were needed to meet people's social needs. Quality monitoring systems were in place but some audits had not identified areas for improvement. At this inspection we found improvements had been in some areas, but not in all.

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

The provider had quality assurance systems in place, including various audits. However the system was not always effective because issues identified at the inspection had not been recognised during the monitoring and auditing process.

Most aspects of the environment were safe and the registered provider was taking steps to ensure the environment was safe in relation to hot water temperatures. The registered manager was working to ensure additional information was included in personal evacuation plans to make them informative and effective should a planned evacuation be necessary. Medicines were generally safely managed; however, we have made a recommendation to ensure all medicine records are accurate.

There were sufficient staff to meet people's care needs. However staff were not always deployed in a way that kept people safe. We have made a recommendation that the provider review staff deployment to ensure people's needs are met and monitored in a timely way.

The provider was taking steps to fully meet the Mental Capacity Act 2005 (MCA). Deprivation of Liberty Safeguards provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Staff were not fully informed about DoLS protection. However, the provider was in the process of taking the required steps to gain the legal authority to subject people to continuous supervision and control, including preventing them from leaving the building.

Several improvements had been achieved since the last comprehensive inspection in November 2015. For example, care planning records and risk assessments were more detailed and up-to-date. An activity co-ordinator had been appointed and a range of activities had been developed. People spoke highly of the activities co-ordinator and said they enjoyed the activities.

People felt safe living at the service; relatives were also confident that people were cared for safely. Comments included, "I felt a bit worried when I first came here, but not now" and "I feel (relative) is safe because staff are caring. They don't regard this just as a job but as something with reason and purpose…" Staff were kind, friendly and caring. Staff knew people well and support was offered in accordance with people's wishes and their privacy was protected.

People were protected from abuse as staff had an understanding of safeguarding procedures. They were aware of how to report suspected abuse including how to report safeguarding concerns outside of the service. Recruitment practices were robust and helped to ensure people were protected from staff who were unsuitable to work in care.

People were supported to eat and drink and maintain a balanced diet. Staff, including the cook were knowledgeable about people's nutritional needs and preferences. People had access to healthcare professionals to meet their health needs. Feedback from professionals showed the service worked in partnership with them for the benefit of people using the service.

Staff had opportunities for regular training to enhance their skills and knowledge of working with people at the service. Staff said they were well supported by the registered manager.

People knew who to speak with should they have any concerns or complaints. Up to date information was available to people about the complaints process.

We have made three recommendations for the provider to consider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Aspects of the environment were not safe. Hot water temperatures posed a risk to people. However the provider was taking action to address this.

Staff were not always effectively deployed or available in communal areas to
ensure people's needs were met in a timely way.

There were procedures for the safe management of people's medicines; however improvements were needed to ensure written records were accurate.

Risks associated with people's care had been assessed and arrangements were in place to help reduce these risks. However plans were not in place for all people in the event of an emergency to support their safe evacuation.

Arrangements were in place to help safeguard people from abuse.

Recruitment processes ensured appropriate staff were employed to work at the service.

Is the service effective?

Requires Improvement

The service was not fully effective.

The principles of The Mental Capacity Act 2005 in relation to DoLS were not always followed. However people's consent was sought before care or support was given and best interest decisions were being made to protect people's rights.

People had the choice of meals they enjoyed and they were supported to access health care professionals and services when they needed to.

Staff received on-going training and support to ensure they had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

People's families and friends were able to visit at any time and were made welcome.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to meet people's social needs. People were supported to participate in a range of activities.

People's needs were assessed and care was planned and delivered to meet their needs.

People could raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The inspection identified some areas of improvement the service needed to address, which had not been identified by the provider's quality assurance systems.

Staff felt well supported by the registered manager and feedback from people, professionals and staff confirmed the registered manager had developed a positive, open culture.

Bindon Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 on 23 and 28 February 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service about deaths, accidents and incidents. Statutory notifications include information about important events which the provider is required to send us by law.

Some people using the service were unable to provide detailed feedback about their experience of life there. During the inspection we used different methods to give us an insight into people's experiences. These methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experiences. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke with nine people and three relatives of people using the service. We also spoke with 11 members of staff including the provider; registered manager and care staff. We spoke with three health and social care professionals prior to the inspection; and two during the inspection, to obtain their views of the service.

We reviewed the care records of four people. We looked at a range of other documents, including medication records, three staff recruitment files and staff training records, and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People using the service and their relatives said they felt the service was safe. Comments included, "Safe? Yes, very; "I felt a bit worried when I first came here, but not now" and "They give me a bath. I was a bit nervous before, but I have got used to it. The staff make me feel safe." A relative commented, "Yes I feel (relative) is safe because staff are caring. They don't regard this just as a job but as something with reason and purpose. I am happy that when I leave (relative) is safe." However we found some aspects of the service which were not safe.

People were cared for in an environment which was generally safe. However, we found several wash hand basins where the water temperature was above that recommended by the Health and Safety Executive (HSE). The water temperatures in emersion baths was also reading excessively high according to the thermometer at the service. This meant people were at potential risk of scalding themselves. The provider took immediate action to call the maintenance person to regulate the water temperatures in one bath. They confirmed thermostatic values would be fitted to other hot water taps to reduce the risk of harm. On the second day of the inspection the water temperature in one bath had been reduced to a safe level but other work had not been fully completed. Following the inspection the registered manager contacted us to confirm all work had been completed to ensure safe water temperatures. The provider said, "In 36 years nobody has ever been scalded or scalded themselves. Staff check bath temperatures with a thermometer because mechanical devices fail."

Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building. However two were not fully completed. We discussed this with the registered manager who acknowledged this and confirmed they would up-date the PEEPs immediately. Some people were aware of what to do in the event of an emergency. One said,
"I make for the door"; another said, "They always tell us to come through the front doors. One night it went off by accident (the fire alarm), so I came into the corridor and then a member of staff came along".

Other aspects of the environment were safe. For example, there were effective systems in place to ensure equipment at the service was in good working order. Fire safety equipment was checked and serviced regularly. Hoists were serviced regularly, as was the passenger lift. Gas and electrical checks were carried out at the required intervals to ensure their safety. The kitchen equipment and fittings appeared well maintained and clean. The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating; the highest score demonstrating good standards had been maintained.

The provider's preferred staffing levels were sufficient to meet people's care needs; although this was sometimes impacted by staff absence. The registered manager confirmed staffing levels had increased since the last inspection. The preferred staffing levels were; eight care staff on duty from 8am until 8pm; four working in Bindon and four in Elmcroft. However, the rota showed on three occasions in February 2017 only six care staff were on duty. The registered manager explained this was due to sickness. Housekeeping and kitchen staff, who had been trained to deliver care, had helped to cover these shifts. On the second day of

the inspection one member of staff had called in sick and the housekeeper assisted with the delivery of personal care. The service had staff vacancies and the provider was recruiting for care and ancillary staff.

People, their relatives and staff felt there were generally enough staff on duty to meet people's needs in a timely way, when there was no unplanned absence. One person said, "I generally don't wait more than five minutes for them to come…they are usually quite good." Another said, "The staff work very hard. They do their best. I have no complaints…" Two relatives said staff were always around and easy to find when needed. Staff described good team work and most said there were enough staff. One said, "We get our busy moments, it depends on people's moods and needs…but we pull together…" This was echoed by other staff, although one member of staff said, "(The home) needs an extra member of staff. Sickness is the problem…" The registered manager and provider were monitoring sickness and absence to improve attendance.

On the first day of the inspection one person experienced delays in support and assistance. They said they had been waiting for "quite a while" in bed and needed to use her commode. The call bell had been answered and they had been told staff would be back soon. They thought they had been waiting for about 15 minutes. They said they were "getting desperate" to use the commode. Staff were nearby and one went immediately to assist the person when we alerted them that the person was still waiting for assistance.

The registered manager had raised a safeguarding alert prior to the inspection as one person had intruded into another's bedroom during the night. It had taken staff 15 minutes to respond to the alarm, as they had been dealing with another person. The registered manager and staff reflected on the incident and considered what could have been done differently. Following the incident, the registered manager had instructed that when staff worked in pairs and the alarm rang, one staff member should go immediately to check the person's needs to reduce the risk of harm.

Staff were not always deployed to ensure their presence in communal areas at all times. As a result, some people's behaviour infringed on others. For example, one person was standing over another person. At times they were loud and quite aggressive, telling the person, "You stay there", which could be intimidating and upsetting. On another occasion the person was bending over a different person; they were also crouching by the side of their chair. At one point the person moved to the very edge of their chair, as if to get away from the person leaning over them. We were concerned they would slip off the chair. There were no staff in the vicinity to intervene and ensure people were safe and comfortable. On another occasion the same person took another person's pressure cushion from their chair. We alerted to staff so the cushion could be retrieved. One person commented that this person "caused problems", but never with them.

People's preferences regarding the gender of care staff delivering their personal care was recorded. Some of the female residents had expressed a preference for female staff. However, we noted that three male care staff were on night duty, with only one female care staff. The registered manager explained that people's preferences were met as the female member of staff worked across both Bindon and Elmcroft. However, some people required two staff to safely move them during personal care. The registered manager said they would review the deployment of staff at night to ensure a good gender balance on the team to meet people's preference.

We noted that during the morning staff did not have time to spend with people undertaking social activities or chatting. This meant people spent periods of time unoccupied and disengaged. Staff explained they usually had more time in the afternoon to spend with people socially.

We recommend that the deployment of staff be reviewed to ensure people's needs are met and monitored

in a timely way.

People said they received their medicines regularly. We observed staff administering medicines in an unhurried way; ensuring people received the support they required. Medicines in both parts of the service were stored securely and at the correct temperature. Staff responsible for administering medicines received training and competency checks were completed to ensure staff were working safely. There were effective systems in place for the receipt and disposal of medicines. However, there were three handwritten medicine administration records, which had not been signed or dated to ensure accuracy and accountability.

We recommend the service follows the NICE National Institute for Health and Care Excellence Guideline, Managing Medicines in Care Homes Published 14 March 2014 which would help the service to ensure they maintained accurate medicine records.

People were protected from potential abuse because staff had an understanding of the different types of abuse and knew how to respond should they suspect someone was being abused or neglected. Staff said they would not hesitate to "speak up" if they had any concerns. All said they were confident the registered manager would take any concerns serious. People using the service said they would speak with the registered manager, staff or a relative if they had any concerns about abuse of neglect. One person said, "…I am not afraid of anybody. I feel you can speak to anyone here." The registered manager understood their role in safeguarding people and their responsibility to report any incidents or concerns to the local authority and CQC. The local authority safeguarding team confirmed there were no current safeguarding concerns about the service.

Two people described how other people entered their room uninvited at times. Although not frightened by the intrusions, they were disturbed by them. One person said other people sometimes "fiddled" with their papers. Another said, "One or two (other people) come into my room, but I shout at them and they go."

There were effective recruitment and selection processes in place. Checks were in place and information had been obtained prior to potential staff's employment. For example, checks with the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working at the service. Satisfactory references had been obtained from previous employers to demonstrate potential staff's suitability for the post applied for. Full employment histories had been recorded in two of the three recruitment files we reviewed. One person was a school leaver and there was a gap of approximately six months in their education/work history. They confirmed with us that during these months they had started an online education course, taken careers advice, applied for some jobs but had not worked anywhere. We discussed this with the provider and registered manager, who confirmed they would add a written record to the person's file.

Risks to people's health and safety had been identified. Care records contained risk assessments, which identified individual risks and included actions for staff to take to reduce the risk of harm. For example, the support and interventions individual's required to prevent pressure damage. Where people were at risk, pressure relieving equipment was in place and reviews of people's skin were undertaken. A community nurse told us they were alerted in a timely way if there were concerns about possible pressure damage. They added, "Usually they (staff) are already taking precautions to protect skin, for example using appropriate creams." They confirmed the necessary equipment was available to reduce any risks.

Where people were at risk of falls, risk assessments identified equipment to be used. Where equipment was used to move safely this was recorded. We observed staff supported people to move in a safe way, providing guidance and reassurance during any move. One person said, "I did not like the hoist at first, but now it's

okay…They (staff) are very good with the hoist."

Some people were at risk regarding nutrition and hydration and risk assessments and care plans addressed these risks along with instructions for staff to follow to reduce the risk. Records showed where people were at risk of weight loss, their GP had been informed and they received high calorie and fortified food and drink and weights had been monitored regularly. Risk assessments were reviewed and up-dated with additional actions where necessary. Staff said they were made aware of the risks for each person and how these should be managed. Staff said they had time to look at people's care records, and people's changing needs were discussed at the daily handovers to ensure staff were up-dated.

Where people's behaviour posed a risk to themselves or others, information was provided to staff about how to support and monitor the person and respond to any potential incidents. However we saw on occasion staff were not readily available to supervise people in communal areas to ensure their behaviour did not infringe on others. Where necessary the community psychiatric nurses were involved. Records showed staff recorded any incidents on a 'behavioural chart' in order for the external professionals to review the person's current needs. As a result of this monitoring, one person had their medicines reviewed, which had a positive impact. Their relative explained, "Staff cope with (person) so well. I have no concerns about the care here."

The service was clean and odour free with the exception of one bedroom. The registered manager and housekeeper explained they used a special machine to remove odours but this could only be used when the room was empty. There was a regular programme of shampooing carpets and undertaking deep cleans and the housekeeper confirmed the room was cleaned regularly. The provider suggested that a longer-term solution might be to remove the carpet and replace it with washable flooring.

Infection control measures were in place. Staff were trained to wash hands between key tasks, to use antibacterial gel and to always wipe commodes and hoists with antibacterial wipes when moving them from room to room. We observed staff washing their hands between visits to people's rooms. Staff were wearing appropriate protective clothing such as aprons and gloves when doing personal care. They described changing gloves and aprons when doing personal care with different people. The senior housekeeper explained that she always checked this by observation and spot checks on staff. Staff interviewed understood the importance of infection control. Comments included "It means keeping everything as clean as possible with no cross contamination" and "We want to keep it as clean as possible but still feeling homely." Since the last inspection a new laundry room had been located in an outside building. It was secure and well equipped with industrial washing machines and driers.

Requires Improvement

Is the service effective?

Our findings

At the last comprehensive inspection in November 2015 this key question was rated good. At this inspection we found improvements were required.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Provider Information Return (PIR) showed that 35 people had their liberty, rights and choices restricted in some way by the support and care planned for them. This was to promote their safety. Assessments relating to people's capacity to consent to living at the home had been completed and some DoLS applications had been submitted to the local authority for consideration. However, several applications had been rejected by the local authority in January 2017 as they contained insufficient information or identical information and were not 'person centred or specific'. The provider explained that an ex-member of staff had completed and submitted the DoLs applications.

Some staff were unsure as to the people who had been deemed to lack capacity. Staff said they thought everyone living at the service had a DoLS authorisation. Staff training records showed that 15 staff had not completed training to help them understand the legal implications and potential impact on their work in relation to depriving people of their liberty. This meant staff may not always comply with the Mental Capacity Act (MCA) and DoLS.

On the first day of the inspection a member of Devon County Council (DCC) DoLS team and a member of the quality assurance and improvement team were visiting the service to provide guidance and support to the registered manager. The registered manager planned to review all DoLS applications and re-submit them with the necessary information. Following the inspection the local authority DoLS team confirmed that applications to deprive people of their liberty had been re-submitted and were being processed.

Staff obtained people's consent before care or treatment was offered. One person explained, "They just say 'alright if I wash you? Can we see to your arm? They always ask first." Another said, "If you say no, not now, they leave it..." Another person commented, "I feel confident to say no." Where people were not always able to verbally agree to their care, staff acted on non-verbal cues such as facial expressions.

Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as GPs or independent advocates where appropriate. For example,

best interest decisions had been made on people's behalf in relation to the administration of medicines, including the administration of covert medicines (this is where medicine is disguised in food or drink). Other decisions included the use keypad door locks and the use of pressure mats, which alert staff to people's movements. This confirmed that consent was being sought in line with legislation and guidance.

The provider had a programme of induction, training and supervision to support staff to provide the appropriate care and support to meet people's needs. People were generally complimentary about staff's approach and attitude. Comments included, "The ladies who look after us are truly lovely people…"; "They (staff) are all very pleasant…" and "They are all very kind…" A relative said, "The staff are marvellous. They do a very good job…." One person told us they had raised concerns about the approach of one member of staff with the registered manager. This had been dealt with using staff supervision and disciplinary processes.

Two staff described their induction training as "helpful" and "useful". They told us the initial induction period was suited to their needs. For example, one member of staff said, "The induction was very good for me…I got to shadow staff until I felt comfortable…" A third member of staff described their induction period as "quite manic" but added that they found the registered manager very supportive. New staff were completing the Care Certificate as part of their induction training. The provider told us all staff were required to complete the Care Certificate irrespective of previous qualifications or experience. The provider also had their own induction process which covered many aspects of the staff employment, and internal policies and procedures. The Care Certificate is a nationally recognised induction qualification.

The Provider Information Return (PIR) confirmed the provider had a "mandatory training programme" for staff, which was supported by two external training providers. The training programme included core training related to health and safety, for example fire safety; food hygiene, infection control and moving and handling. Other training related to the needs of people using the service, for example, dementia care, care at the end of life, safeguarding and privacy and dignity. 14 staff had completed a 'managing challenging behaviour' course. The training matrix clearly showed training completed and when refresher training was required, meaning the registered manager was able to monitor training and organise refresher courses. Staff were also supported to gain qualifications in health and social care. The training matrix showed six staff had obtained a nationally recognised care qualification, with five other staff progressing with level 2, 3 and 4 qualifications.

Staff confirmed they received supervision with their line manager usually every three months. Supervision provides an opportunity for staff to discuss issues about work or training, and to receive feedback about their performance. One staff member said, "We have good support with training and supervision. I really enjoy working here." Another said, "It is really good for training here."

People had access to health and social care professionals. Their health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example, referrals were made to the community psychiatric nurse (CPN), who provided advice about how to support people with dementia or mental health needs. The CPNs advice had been incorporated into the care records of one person who displayed behaviour which could challenge the service.

Referrals were made to the speech and language therapist when people experienced difficulties with swallowing. Their advice had been followed and people received the correct diet and fluids to keep them safe. A health professional said they received timely and appropriate referrals from the service. They added, "Communication is good – the manager is open; pro-active and takes our advice on board." Relatives were confident their family member's health needs were being met. One said, "They (staff) really are on the ball.

Any changes and they are on the phone…" Feedback from a relative directly to the service was also positive; "(Person) has improved so much since she's been here. She is so happy and has put on weight. She is so smiley and alert-such a wonderful sight. Thank you to the staff for making such a difference."

People were supported to have a meal of their choice by organised and attentive staff. People's dietary needs and preferences were documented and known by the cook and staff. People said they enjoyed the food; that they were offered choices and always had enough to eat. Comments included, "You can't really fault the food"; "It's nice, lovely food. Equally as good as you would have at home. Usually there are one or two main things, but if you don't want that you can have something else instead" and "I have pureed food because I have trouble with swallowing. It's the best I could have."

The provider used an independent food company that delivered all the meals pre prepared. The meals were then heated and served. The cook also made fresh mashed and roasted potatoes and cakes daily to supplement the chilled meals. People were able to request an alternative meal if they did not like what was on the menu.

The atmosphere at lunchtime was sociable and calm, with some people sitting at communal tables and others preferring to eat at individual tables. Staff sat at each communal table to support people eating. Staff ate a small portion of food themselves, which encouraged a relaxed and sociable atmosphere. Staff were attentive when assisting people one to one, ensuring they had eaten sufficient amounts of foods. Adapted equipment was available to promote people's independence at mealtimes; for example lipped plates.

Good

Is the service caring?

Our findings

At the last comprehensive inspection in November 2015 this key question was rated good. At this inspection it has been rated good again. This means the provider had sustained this rating for this key question.

Overall people said they were happy with the care and support they received and that staff were kind, considerate and friendly. Comments from people included, "They (staff) are all very nice…this is like a big home. It's a lovely place…"; "They (staff) genuinely care…"; "They are very kind to us, they are close to us, part of our life" and "Everyone is kind to me. I am not moving." Two people explained they had difficulty communicating with some staff whose first language wasn't English. One person said, "I can't understand them and they don't always understand me. It can cause problems. That said they are all very nice. You just can't have a conversation with some…"

Relatives praised the kind and sensitive approach of staff. Their comments included, "(Person) continues to be content and is obviously fond of many of the care workers, who do a great job"; "The care (name of person) gets here is great… It's home from home here" and "Staff here are friendly…it is less regimented here than other places, more flexible. (Person) is very settled and seems happy and content when I come…" A visiting professional commented, "The majority of staff are excellent…They treat people like I would like to be treated…"

The relationships between staff and people receiving support demonstrated dignity and respect. Staff understood the need to promote dignity and respect. One said, "I treat people as I would like to be treated. I want to look after them with dignity and respect." Another told us, "You have to be a caring person to do this job. I really enjoy being with these people. It is a pleasure to look after them." People said staff were respectful of their privacy. One person said, "They will knock on the door and say 'are you busy, can I come in?". Another person said, "They knock on the door, they always do, and say 'hello, is it alright to come in?" We saw this was the case throughout the inspection.

Most people were dressed appropriately and attention had been paid to their personal care. For example, people's hair was brushed; some had jewellery or make-up on, and male residents were assisted with shaving. A hair dresser weekly and was popular with several people. However two people had food stains and debris on their clothes, which were not changed by staff during the first day of the inspection. The registered manager explained that one person often declined to change their clothes at times, becoming distressed and anxious. Staff had to "pick their moment" when supporting them with personal care to reduce their distress.

Staff took time to explain to people what they were doing when they supported them, for example when helping them to move. They informed them regularly about what was happening, for example when it was lunch time and when activities were starting. Staff were respectful and helped people to make decisions about what they wanted to do. When staff spoke to people they made sure they were at the same level, making eye contact and using people's preferred names. This helped to maximise people's understanding and promoted involvement and communication.

One member of staff had a very pleasant manner and approach, encouraging people to eat; and ensuring their drinks were topped up drinks. The staff member checked about the window that was open, and achieved a compromise with the one person by the window who wanted it left open. The day was extremely windy and there had been a distinct draught. The staff member's approach was tactful and non-patronising.

Staff had a caring approach with people and supported their individual needs. When one person became anxious and distressed, staff spoke to the person in a gentle manner; they engaged with them; providing reassurance to good effect. They held the person's hand and sat with them until their distress had reduced. On another occasion a person became very animated and began to encroach on another's personal space. Staff intervened in a sensitive way and used distraction techniques effectively to prevent any further disruption to others.

The service considered people's emotional wellbeing. One person had their cat living with them at the service. It was clear that this was very important to the person. The cat had access to the garden through an open window, or a door in the bedroom that leads into the garden. The cat's litter tray was clean, and the food bowls clean and tucked out of the way. The person told us the cleaner always dealt with the litter tray for them.

Staff supported and encouraged people to be as independent as possible. One person regularly visited the local town and facilities independently. This person was also supported to work at a local café. They said how much they enjoyed this and they were "just going out later." They were able to move freely between Bindon and Elmcroft, to visit family and friends.

People were supported to maintain important relationships. Relatives confirmed there were no restrictions on visiting times; they were always made welcome and we observed staff greeted visitors in a friendly manner. Relatives said they could speak to their family member in private if they wished to.

People's rooms were personalised with their own belongings and items of meaning and value to them. For example, one person had a memory board in their room reminding them of their days in the forces. Other people had pieces of furniture, photographs, paintings and books they had brought from home. One person said, "You can do what you want." Another person told us, "I have, gradually, brought things from home." A third person said having things around them made their private room more homely. They said staff were respectful of their belongings.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection in November 2015 this key question was rated requires improvement. This was because information regarding making a complaint was not accessible or clear regarding the process and timescales. Care plans did not consistently reflect people's current support and care needs and at times lacked guidance for staff. Improvements were needed to meet people's social needs. At this inspection we found improvements had been made.

People and their relatives felt the service was responsive to their needs and they felt involved and listened to. People and/or their relatives were aware of and involved in planning their care. Two people were able to confirm that their needs and preferences had been discussed with them. Three relatives also confirmed they were consulted about their loved ones needs or changing needs. One relative said, "I can go and chat to the staff about (Person) at any time. They let me know if there are any changes…" Another told us, "(Person) is complex and can be difficult. Staff are always happy to speak with me or check things out with me to make sure (person) is happy…they (staff) are all lovely here…"

People's needs and preferences were assessed prior to their admission to the service and these assessments were used to develop plans of care for people. Where necessary health and social care professionals were involved in the assessment of people prior to their admission to help identify their physical and mental health needs. This ensured the service could meet people's needs and expectations.

Since the last comprehensive inspection in November 2015, the provider had introduced a new electronic care planning system, and care plans were being developed; reviewed regularly and personalised further. The new system produced large care plans, up to 50 pages and there was repetition in several areas. The registered manager explained this was how the system was set up. However, each person also had a printed version of the care plan which summarised important information to make it easier for staff to find information quickly. A visiting professional described the work they had been involved in; supporting the registered manager to improve records especially regarding the outcome and actions following GP and health professional's visits. They said records had improved overall as a result. Staff could access the care plans using small hand-held computer devices and they recorded care tasks delivered throughout the day. This meant there was a good record of the daily care provided to each person.

Care, treatment and support plans were personalised. Care records reviewed were thorough and reflected people's needs and choices. The plans provided details about people's personal care needs, mobility, support required with eating and drinking, and pressure area care where required. Individualised behaviour plans described people's needs under headings such as "psychological" and "communication". They gave clear guidance to staff on how to support each person. For example, one person's file had an entry under "psychological": "I occasionally have some resistance to care but am easily reassured." And under "communication": "I respond to verbal commands but cannot always communicate discomfort". Staff were knowledgeable about people and were able to describe how they communicated, what their behaviours meant and what support and care they needed. This meant that people received personalised care that was responsive to their needs.

Since the last comprehensive inspection in November 2015 the provider had appointed a new activity co-ordinator, who had brought experience and enthusiasm to the activities provided. Comments received about the activities aspect of the service were positive, with the activities co-ordinator herself receiving special praise. Several people recognised this person and spoke highly of them. One person said, "She is someone we like very much…don't let her go…she is something else. So very friendly and kind…" Another person said, "The activities lady is very nice and she organises things for us to do…" Two people told us about the trips out they had enjoyed. Another person said they enjoyed the musical events organised. One person said "This lady has really bucked up this home."

The activity co-ordinator worked Monday to Friday from 9 am to 3 pm. They had developed a weekly timetable of activities including board games, quiz morning and sing a song. People were able to choose what activities they took part in and suggest other activities they would like to complete. Special events were open to everyone living at the service and included a fireworks display, a Christmas party and a visit from a magician, "chair yoga" sessions and visits from a choir for a singalong. Future planned events included Mother's Day and Easter celebrations. Shopping facilities had been arranged for people to choose clothing so they could select their own clothing in the comfort of the home.

Birthdays were celebrated for people either in the form of a party or eating out if desired (to include family members also). A special birthday celebration was happening during the inspection. Singing and birthday cake helped with the celebrations, along with a visit from the local choir, which many people appeared to enjoy. The provider had bought an electronic tablet and there was Wi-Fi throughout the building to enable people to communicate with family members via video calls. The tablet was also used for games, songs, and videos. Additionally, music sessions were held regularly to include 'sing a song'. Several trips to local places of interest had been organised and two people were able to tell us how much they had enjoyed these. People unable to travel by car were offered the facility of bus transport for trips.

People said they were supported to spend time in the garden if they wished. Comments included, "I am in and around the gardens every day. Usually with a member of staff, but not always. I like that best when somebody is with me because they can tell me lots of things about flowers and plants." Another said, "I go in the garden, go on the promenade for a walk in the afternoon. I am going down to town by bus."

People were also given one to one time with the activity co-ordinator in their bedrooms if they wished. For example to have a chat, reminisce or read to the person. People were also offered pampering sessions, for example manicures. One person was hoping for a game of scrabble, but they said that hadn't been organised yet. The activity co-ordinator kept detailed records to ensure that everybody was able to participate in activities of their choice.

Additionally, a Church service had been arranged on the premises on a monthly basis. However one person told us, "I would like to go to church. I haven't had an opportunity to go to church." We discussed this with the registered manager, who said they would contact the local church to enquire if there were volunteers who could support the person to attend.

People and their relatives were aware of who to speak with should they have any concerns or complaints. Several people named the registered manager as the person they would speak with. People felt confident that their concerns would be listened to. Comments included, "… I am very talkative, yes they do listen"; "…I told them last week. The cook started putting pepper in the mashed potato, but it has not been in since" and "I could speak with any one of the staff. They are open and honest with me…"

The provider's complaints procedure was displayed in the entrance of the service and contained accurate

information about how to raise a concern/complaint according to the provider's policy. A second complaints procedure was displayed in a small corridor in Bindon which did not contain accurate information. We discussed this with the provider and registered manager. This part of the premises was not accessed by people generally and the registered manager said they would replace it immediately with an accurate procedure.

The Provider Information Return (PIR) showed two complaints had been received since the last inspection. The registered manager kept a record of the complaints raised; along with the information about any investigation and action taken as a result. However, there was no record as to whether the complaints had been resolved to the person's satisfaction. The registered manager said both complaints had been fully investigated and people had received a written response, which we saw. The complainants had not indicated that they were not satisfied with the outcome according to the registered manager.

We recommend the service record whether the complaint had been resolved to the individuals' satisfaction.

The service had received 14 written compliments in the past 12 months. Themes from the compliments included thanking staff for being kind and caring. Comments included, "(Person) was treated with the utmost care and respect. The care could not be faulted"; "Thank you so much for the great care you gave to (person). It was a comfort to us knowing she was safe, warm and looked after…" and "Thank you so much for the kindness and patience you showed…"

Requires Improvement

Is the service well-led?

Our findings

At the last comprehensive inspection in November 2015 this key question was rated requires improvement. This was because quality monitoring systems had not identified areas for improvement. At this inspection we found improvements were still needed to ensure the provider's quality assurance arrangements were fully effective.

There were a range of audits and systems in place to enable the provider to monitor the quality of the service provided. However, our findings at this inspection showed the quality assurance system was not always effective because issues identified at the time of our inspection had not been identified or fully addressed. For example the risk of hot water outlets being above the recommended temperature to keep people safe from scalds. A monthly 'maintenance audit' was completed by the registered manager and water temperatures were an area monitored, but the risk had not been identified. Regular medicines audits and checks had been conducted by a senior staff member but had failed to identify record keeping issues found during the inspection. Other shortfalls related to the Deprivation of Liberty Safeguards. The provider had not ensured people's rights were fully protected.

We recommend that good practice advice in respect of setting and achieving improvement plans is reviewed and implemented.

Although this inspection found areas for improvement; we also recognised the provider and registered manager had made improvements to the service since the last comprehensive inspection. For example, care planning; the provision of activities; new laundry facilities and providing a complaints process which was accessible to people using the service and others. The provider and registered manager were also working with members of the local authority quality assurance and improvement team to help them improve the systems in place. This meant the provider recognised they still had improvements to make and were taking action to address these.

Some aspects of the provider's quality assurance systems were effective. For example, the registered manager completed a monthly infection control audit. The first section was a review of actions required from previous audit. There was a section for observations and another section on documentation and training. The document concluded with a summary and list of actions required. This was a comprehensive document covering all aspects of infection control and therefore an effective audit tool.

People using the service; their relatives and staff expressed their confidence in the registered manager. They described the registered manager as "approachable; supportive; available and open and honest". One visitor said, "I find (the registered manager) is very good compared to others. She is on our level; not patronising or bullish. She is easier to get on and very sympathetic". Another said, "I think the service is well managed. The manager wants the best for people. She is easy to talk to…" A visiting professional said the service was well managed and there was good communication with the registered manager. They added, "She (the registered manager) is open; pro-active and takes our advice on board."
The registered manager had developed an open culture at the service. People using the service, their

relatives, staff and professionals confirmed they could speak with the registered manager about any issues or make suggestions and these would be listen to and acted upon. Staff felt well supported, particularly with the introduction of the new care records. One said, "You can't fault (registered manager's name). She is always there when we need her."

The registered manager sought feedback from people and their representatives to improve the quality of care people experienced. Quality assurance questionnaires had been given to people and their relatives in January and February 2017. At the time of the inspection nine had been returned. The registered manager was to collate the questionnaires and develop an action plan where improvements had been identified, once other questionnaires had been returned. We looked at a sample of those returned. All described the quality of care; friendliness of staff and cleanliness of the service as 'excellent' or 'good'. Other aspects of the service, such as the décor were described as satisfactory. No aspect of the service was thought to be 'poor' by those who had completed the questionnaire. The activity co-ordinator had organised a meeting with people using the service and their family members to gain people's ideas and thoughts about developing other activities.

Regular staff meetings were held, which gave staff an opportunity to share their opinions and feedback on the service. Minutes showed a variety of issues were discussed and staff given feedback about their expected approach.

The provider and registered manager undertook regular analysis of accidents and incidents to identify any trends or patterns. This demonstrated the service maintained accident and incident records and carried out adequate monitoring to reduce the risks of them happening again.

The most recent CQC rating was prominently displayed in the hallway area of the service. The provider was taking steps to ensure the rating was also displayed conspicuously on their website.

The registered manager had notified CQC about certain events, such as deaths, serious injuries or allegations of abuse. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with. Before this inspection took place we asked the provider to complete a Provider Information Return (PIR). The information contained in the PIR was detailed and gave us a sense of the arrangements in place to ensure people were safe and received a responsive, caring service.

The service worked in partnership with health and social care professionals to support people's needs. One health professional described the improvements achieved in relation to communication with them and record keeping. The registered manager recognised the importance of external professional relationships and was open and accepting of their in-put and suggestions. The PIR stated the service aimed to maintain and improve relationships with external healthcare services and where possible learn from their skills.