Polish Citizens' Housing Association Limited

Antokol

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 03 and 04 March 2015 and was unannounced. At the last inspection on 23 April 2013 the provider met all the requirements for the regulations we inspected.

Antokol is owned by a Polish charity and was established by Polish residents after the second World War. It has a strong Polish ethos and mainly but not exclusively provides care and support to people with strong Polish links. Antokol is set on three floors, ground and first floor are for people who live in the home and third floor is staff accommodation. The home provides residential, nursing and dementia care for up to 34 older people. On the day of the inspection there were 31 people living in the home. We were assisted by interpreters at this inspection as everyone's first language was not English.

A newly registered manager was in post since the last inspection. They had previously worked as the deputy manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People told us they felt safe and well looked after at the service. Staff understood signs of abuse or neglect and knew how to report concerns. Individual risks to people were identified and monitored. There were no concerns about pressure ulcers and there had been no significant falls or injuries.

There were processes in place to manage emergencies. The premises and equipment including emergency equipment were routinely checked and maintained.

There were enough suitably qualified staff to meet people's needs. People told us staff came promptly when they needed them and call bells were answered promptly. Adequate recruitment checks were in place before staff started work. Medicines were administered safely and risks of infection were minimised as the service was regularly cleaned and procedures for infection control were in place and followed.

Staff received suitable training and support to enable them to carry out their role. People were asked for their consent before they were given care. People's capacity to make decisions was assessed in line with guidance and the law. The manager was aware of recent change to the law with regard to Deprivation of Liberty Safeguards authorisations.

People had plenty to eat and drink. They told us they enjoyed the food and there was plenty of choice. People who were nursed in bed had a dedicated meal time to ensure they could eat at their own pace. Those at risk of malnutrition or dehydration were monitored and their weight checked regularly. People had access to a wide range of health and social care professionals to meet their health needs.

People told us the staff were caring, kind and gentle. We observed warm conversations between staff and people at the service. People were not rushed and their privacy and dignity was respected. Throughout the inspection we saw examples of care being provided by enthusiastic staff that were focussed on people's individual needs. Relatives told us they had found somewhere with a sense of community. Professionals commented on the distinctive caring ethos and a health professional remarked on the importance staff placed on person centred care. People told us they were involved in the planning and review of their care. People's end of life care was sensitively and appropriately managed.

People's needs were assessed to ensure they could be safely met. They received planned care and support that met their needs. There was a regular activities programme with a range of group and individual activities on offer. We observed activities were well attended and enjoyed. Some people had formed a group that met for a social tea.

People, their relatives and staff all told us the service was well led. The management team looked for ways for the service to improve and linked with the local authority for training and support. The views of people at the service, relatives, staff and visiting professionals were sought and used to make improvements. People knew how and where to complain if they had a problem. There had been no formal complaints since the last inspection. There were systems in place to monitor the quality of the service and areas identified that needed action were followed up promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People who used the service told us they felt safe. Staff were clear about how to report any safeguarding concerns. People's medicines were safely managed.

There were enough staff to meet people's needs. Risks to people had been assessed and reviewed regularly to ensure people's individual needs were safely met. There were processes in place to deal with emergencies and staff had received all necessary training.

The premises were clean and well maintained. Regular checks were made on the premises and equipment at the service. There were processes to minimise the risk of infection.

Is the service effective?

Good

The service was effective. Staff had training relevant to the needs of people using the service to ensure they had the necessary skills.

Procedures were in place to act in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People told us they enjoyed the food and there was enough to eat and drink. People had access to health care professionals when they needed and were supported by staff if there were any communication issues.

Is the service caring?

Outstanding

The service was caring. Throughout the inspection we saw examples of care being provided by enthusiastic staff that were sensitively focussed on people's individual needs. Relationships between staff and people they gave care to were characterised with humour and gentleness and care. People told us their privacy and dignity was respected.

Staff knew people well and were aware of changes in their moods or routines. Professionals commented on the caring ethos at the home and that staff valued people's individuality.

People and their relatives told us they were involved in making decisions about their care and their views were regularly sought.

People were supported with appropriate end of life care and staff sought out professionals help when needed.

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans that were regularly reviewed to make sure they got the right care and support.

There were a range of activities and entertainment for people to participate in if they wished.

People knew how to complain and said they were confident any complaint would be looked into.

Summary of findings

Is the service well-led?

Good

People told us the home was well run and organised and the manager was approachable. There was a clear emphasis on continual improvement at the service, the manager sought out guidance and support to improve the quality of care. Staff were happy in their roles and felt their views were listened to.

There was a stable staff team that we observed work well together and internal meetings ensured staff were kept informed and improve consistency and quality of care.

People's views about the service were sought and used to drive improvements and there was a system of internal and external audits and checks to monitor the quality of the service. Any areas that needed addressing were acted on.

Antokol

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 and 04 March 2015 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and two interpreters as English was not always people's and staff's first language. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. We also asked the local authority commissioning and safeguarding teams for their views of the service.

We spoke with five people who use the service, six relatives, six care staff, three nurses, domestic and catering staff, the deputy manager and the registered manager of the home. Not everyone at the service was able to communicate their views to us so we also 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 talk with us. We spoke with a visiting GP and following the inspection we spoke with a two health professionals familiar with the service.

We looked around the building. We looked at eight records of people who used the service and five staff recruitment and training records. We also looked at records related to the management of the service such as staff rotas, audits and policies.

Good

Is the service safe?

Our findings

People told us they felt safe and well looked after. One person told us "I feel safe here. I can sleep well at night." A relative said "I know my relative is safe. I have peace of mind." We saw relaxed and warm interactions between staff and people at the service.

Staff had the necessary knowledge and skills to ensure people were safe. They told us how they could recognise the various signs of abuse and knew how to report any concerns. They were aware of which external agencies they could report concerns to under whistleblowing.

There were procedures in place to protect people from abuse. The home's policies and procedures covered all essential areas of guidance. There were leaflets about how to report any abuse available in the entrance in English but not in Polish which was the language used by most people at the service. The manger agreed they would look for some suitable Polish information. There had been no safeguarding alerts or concerns reported since the last inspection in 2013.

Risks to people were appropriately identified and managed. Assessments were undertaken to identify specific risks to people such as risk of falls or risk to skin integrity. These were updated regularly and any changes needed to people's care were included in their care plan. There were no reported pressure area concerns at the home. For people at high risk of pressure area skin breakdown we saw people were supported with frequent changes of position which were recorded to minimise risk. Accidents and incident forms showed a low number of falls in the home and no significant injuries in the last year.

There were plans to deal with a range of emergencies. Staff had received regular fire training and knew how to respond in the event of a fire. They took part in regular fire drills and records showed that these included night staff. There was suitable evacuation equipment in place and personalised emergency evacuation plans for people were easily accessible for any emergency. Emergency plans were available in both English and Polish to ensure there was a plan that could be followed by staff and emergency services. Staff knew what to do in response to a medical emergency and received first aid training. There was a business contingency plan for emergencies which included contact numbers for emergency services and gave detailed advice for a range of emergencies.

Equipment at the home was routinely serviced and maintained which helped reduce risks to people. There was a maintenance book for staff to record any identified equipment issues, areas identified were promptly dealt with. Bed rails, hoists, mattresses, nurse on call system and wheel chairs were checked frequently to ensure they were in good working order. Gas, electrical and fire equipment had all been serviced frequently. There were systems to monitor the safety of the premises. The manager and the deputy manager did a daily walk round the premises to check for any maintenance issues. An annual external check on health and safety at the home had been completed in April 2014. Issues raised from the last report had been acted on.

Appropriate recruitment checks were undertaken before staff started work. Staff files showed evidence the necessary checks had been completed before people started work. Nursing qualifications were checked annually with the Nursing and Midwifery Council. This ensured that people were cared for and supported by staff that were suitable for the role. There was a volunteer recruitment policy and checks were carried out including criminal record checks. Volunteers were also asked to sign an agreement about the work they would undertake which included a confidentiality agreement.

There were adequate numbers of suitably qualified staff. People told us there were enough staff to meet their needs. One person said, "There are always staff around if you need them. That is never a problem." They told us if they needed staff at night they came quickly. One person commented, "Staff always come quickly when I press the bell. It's the same day or night. I never wait long." We observed that call bells rang infrequently, but when they did, staff responded quickly.

There was always one nurse on duty throughout the day and there were eight care workers, two activity organisers and separate domestic and kitchen staff. Staff rosters we looked at confirmed this. At night there was always a nurse and a manager on call if there were any concerns or nursing needs during the night and there were three care workers to meet the needs of people at the service. Staff

Good

Is the service safe?

told us these arrangements worked well and there had been no problems. There were written guidelines available in Polish and English for the circumstances in which they should call the nurse and or manager.

The manager said that staffing levels were flexible to meet people's needs and they had recently increased the night staffing levels to three to respond to a change in people's needs at night. Extra staff were put on duty to accompany people to hospital appointments when needed. We were told agency staff were not used. The manager explained it was usually possible to cover sickness and holidays with their own staff because there were staff that lived at the accommodation.

Medicines were managed safely. People told us their medicines were given to them at the right times. One person told us "I have never had problems with my medicines here." Trained nurses and trained senior carers administered medicines. There were competency checks in place for staff to confirm their competency to administer medicines safely. Medicines administration records were up to date, and there were details of any allergies or particular health conditions to guide staff. Body maps were used to guide staff on the use of prescribed creams. We saw people's choice on where to take their medicines was observed.

Medicines were stored securely in locked trolleys and controlled drugs stored in a cabinet in the locked medical room. Temperature checks were carried out to ensure storage conditions were effective and the home was in the process of purchasing maximum and minimum thermometers in line with recommended guidance on the storage of medicines. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. Appropriate records were kept in line with guidance.

There were procedures to minimise the risk of infection. People and their relatives told us they had no concerns about cleanliness at the home. One person told us "it is always spotless everywhere." The home was clean and tidy throughout and free from any unpleasant odour. There was an in house domestic team who confirmed they had training on infection control and we saw this in staff records.

There was a system in place for the regular cleaning of equipment and colour coded mops were used to reduce the risk of infection. Staff had a good understanding of hazard safety and appropriate signage was used, when needed. Processes for the laundry followed infection control guidance. We found that that cleaning products and equipment were stored safely. A domestic team member said, "Everyone is safe here and I 'm confident to report any problems." They also told us, "The deputy checks the cleaning of the home every day."

People were protected from the risks of infection. Legionella testing to reduce the spread of water borne infections had been completed on 13 January 2015. We observed staff had ready access to disposable gloves and aprons. The home had hand washing reminders in bathrooms and toilets and hand sanitizer was available throughout the home. The manager told us staff were provided with an individual pocket size sanitizer. The manager and deputy had a good understanding of the guidance on infection control and were aware of where specialist advice could be obtained. They told us they had recently sought advice from the Health Protection Agency when a cluster of chest infections had occurred in the home.

Good

Is the service effective?

Our findings

Staff had received suitable training to enable them to carry out their roles. People told us they thought staff were knowledgeable and confident about their roles. Staff said they received lots of training both at the service and from external courses. Most staff had or were studying for various levels of the Health and Social Care Diploma. They told us the manager and deputy manager would offer additional training in Polish to confirm they understood what had been taught on some external courses.

The provider had a range of mandatory training that included training on dementia, moving and handling and fire safety. Records showed that staff training across the areas they considered mandatory was regularly refreshed. Additional training was also provided in areas such as Parkinson disease, end of life care and pressure area and falls prevention. Staff training was up to date with a few staff booked for refresher sessions in first aid and behaviour that may challenge in the next two months. Staff had all received training on dementia awareness.

We saw there was a suitable induction programme for new staff which included a period of shadowing and checks to ensure staff were ready to provide care and support to people. Staff told us they were supported to learn about the role before they provided care. One staff member said "We had an induction programme which included how to care for residents, lots of training and we would work with other staff first as part of our induction."

Staff told us they received regular supervision and an annual appraisal in which they could discuss their roles and training needs. Records we looked at confirmed this. The manager told us that they had arranged English language courses for some staff, when needed, and kept this under review so that if any needs were identified they would arrange for any necessary support.

People told us they were asked for their consent before staff offered support. One person told us "Staff always ask your permission first." Staff gave examples of how they asked for consent before providing care. For example they started with asking "Shall I help you?" "Would you like to?" Where people were unable to communicate their wishes they looked for non- verbal signs and signals to indicate people's wishes. They were aware of the need to obtain people's permission for the use of bed rails for example. Consent forms were used to record particular decisions such as consent to be assisted with personal care.

The manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA 2005 and DoLS protect people who are unable to make decisions for themselves or for whom decisions need to be made that aspects of their liberty needs to be deprived for their safety and protection. The manager had been in contact with the local authority following the Supreme Court judgment of March 2014 in relation to whether DoLs authorisations should be applied for and three applications were submitted. A checklist was used to ensure people's needs in respect of this area of their care were met and this was reviewed every six months or sooner if required.

People's rights in respect of decision making were protected in line with guidance and the law. We saw mental capacity assessments had been completed where this was appropriate and the manager explained the process she would follow in ensuring best interests meetings were held involving, where appropriate, relatives and other health and social care professionals. We saw capacity assessments were made for each particular decision being made where needed. The manager was in the process of completing capacity assessments in respect of pressure mats for some people at the home to alert night staff if they got up because of the risks with their mobility. Where people lacked capacity to make decisions and refused support with some aspects of their personal care they described techniques they would use such as returning later or trying a different member of staff.

People told us they received enough to eat and drink. Everybody was complimentary about the food and drinks available. One person said "The food is really wonderful here. There is always plenty to eat and it tastes good." A relative told us: "The food is good. It's proper Polish food; they are rather spoilt". The menus included a range of Polish speciality dishes and people told us they enjoyed these. The home had scored the top mark at the Environmental Health Food inspection on 30 April 2014. Kitchen staff told us they could provide for a range of cultural and individual preferences if required. At lunchtime on both days we saw people were offered a choice at meal time and that the portion sizes were good. People told us

Good

Is the service effective?

they could choose where to eat. Staff told us they encouraged people to come to the dining room for the social experience but respected people's wishes about this and we observed this to be the case.

The dining room looked welcoming and lunchtime was observed to be a pleasurable and social occasion for people. We observed where people needed support to eat there were enough staff to do this and staff helped people at their pace without rushing. They chatted with the person they supported and made the experience as enjoyable as possible. Those people who required a fortified diet were supported and the manager told us how they usually offered the supplement outside of meal times as this was more successful in terms of people's intake.

People were protected from the risk of malnutrition and dehydration. Care records showed an assessment of people's nutrition and hydration needs was carried out and any risks identified monitored and planned for. Advice from dieticians or the Speech and Language team was sought when required. People's weight was regularly checked and food and fluid intake was monitored where it was needed. People were offered a range of drinks throughout the day. We saw that changes had been made to a care plan following a decline in a person's ability to eat independently. The care plan documented what support at mealtimes was required and what action to take if meals were declined.

People who were nursed in bed had their own dedicated meal time to ensure that staff could support them individually and at their own pace. Kitchen staff showed us the pictorial record they had for each person at the service. This recorded allergies, dietary health needs such as low sugar diet or pureed diet and people's likes and dislikes. Pictorial information was also included in the care records and food allergies were also detailed in the care plans. This meant that information about people's needs was accessible to everyone who worked at the service.

People were supported to maintain good health and had access to healthcare services when required. People and their relatives told us they had access to health professionals such as the GP, the optician and the dentist when required. We saw records of visits were maintained in the care records and any recommendations were include in people's care plans. We spoke with the visiting GP. They told us that they had been visiting the service weekly for around 14 years and could come more often in an emergency. They told us staff were very knowledgeable about people's needs, very caring and there was a sense of good team work at the home. Where necessary people were supported to communicate their needs with the support of staff. Any recommendations they made were put into practice and they had no concerns about people's care. People told us there was a local Polish speaking dentist that visited the home. Staff accompanied people to hospital appointments including emergencies where appropriate because of people's health or language needs.

Outstanding ☆

Is the service caring?

Our findings

People were unanimous in the positive views they expressed about the care they received at Antokol. One person told us "It's fantastic; it's very, very nice. Staff do anything you want and they are always very pleasant. I don't have words to describe; it's fantastic." Another person said "The staff are wonderful, I can't fault them. They are always kind and caring." We saw throughout the inspection that staff responses to people were characterised by humour, warmth, friendliness and care. They readily involved people in conversation as they provided care. People's responses to them were appreciative and welcoming.

We found there was a caring, calm and supportive atmosphere. Throughout the inspection we saw examples of care being provided by enthusiastic staff that were sensitively focussed on people's individual needs. Relatives told us they had found somewhere with a sense of community. One relative told "The atmosphere is very warm and caring. It is like going into a family home." The manager had been away on leave for a few days and we saw someone at the service greet her happily and say "welcome home." Some people at the home told us they had moved here from other parts of the country because they were attracted by what the home offered. One person told us "I came for a few days just to try it and I have never looked back. I wish there had been something like this near my home." A staff member commented "Everyone knows everyone here. We all get along well." The manager told us "We are like a family here and we all look out for each other."

People told us they appreciated the Polish ethos and that staff spoke Polish fluently. Those people who could express their views told us it was reassuring to be cared for by staff who spoke their first language and who understood their culture and history. Staff told us they were aware of the importance of getting to know people well so they could provide meaningful care. The demonstrated sensitive understanding of people's backgrounds and experiences which had shaped their character and behaviour. For example, people's war time experience.

People's birthdays and feast days were recorded and celebrated. A relative told us how flexible the home had been for his family member's birthday, which had enabled the family to celebrate properly. Relatives were able to eat with their family member as long as they booked in advance. A relative commented "They (the staff) are good at the simple things that matter." Another remarked it was "their attention to detail that made the home stand out." People told us the laundry service worked well, clothes were promptly returned and were well looked after.

A health professional told us that staff at Antokol took on board person centred suggestions and were often already working in this way. They felt staff understood the uniqueness of people's needs and were really motivated to make people comfortable and happy. The local authority commissioning report from January 2015 commented on the strong caring ethos they found.

People told us they felt involved and consulted about their care. Their preferences in respect of their daily routine and activities were recorded and staff respected these. For example if someone liked a walk in the garden or preferred to sit in their room at particular point of the day. One person told us "Staff do check if I am happy with my care." People's daily care was recorded by staff, for example whether a person had had a bath or a shower and the level of care provided. This helped ensure that people's needs and wishes in respect of personal care were met.

Staff gave people time and explained the care they were going to provide and checked people were happy with this. Staff told us they try to ensure that people are involved in the reviews of their care. Relatives told us that any changes in people's care were discussed with them. Staff were available when they visited the home and responded to any questions they had.

People were supported with any advocacy needs. The home had links to a local advocacy service and a Polish speaking advocate and made arrangements for people at the service to see an advocate at their request. People were also encouraged to maintain links with the community where they wished to although some people at the service were not from the local area. One person attended a local day centre.

People told us they were treated with dignity and respect. Staff interactions were observed to be courteous and gentle and people were addressed in their preferred style. We saw staff assisted people at their pace and were not rushed. One person told us "We get very good care." One person said "Staff always knock on my door and check it is Ok to come in." Staff explained how they supported people

Outstanding ☆

Is the service caring?

and maintained their dignity by covering areas of their bodies and ensuring that doors were closed when they provided care. They were aware of issues of confidentiality and we observed that any personal issues were dealt with discreetly and sensitively.

Regular checks were made of people who were in their bedrooms to ensure their needs were being met. We saw people had brought some of their own furniture and possessions and rooms were clearly personalised. People had their photographs on the bedroom door to make them easily identifiable.

People were supported with end of life care and their wishes were clearly recorded. People had an advanced care plan in place that detailed their wishes for their care and treatment, this included any spiritual wishes. Do not attempt resuscitation forms had been completed where relevant for some people at the service and these had been completed with people's involvement and where appropriate relatives' views were recorded.

The home was working towards the Six Steps to Success end of life programme. This is a recognised end of life care programme aimed to provide care homes with the knowledge to provide good quality end of life care. Nurses also worked in conjunction with the local hospice team and sought their advice with pain relief and clinical aspects of end of life care. The home had its own chapel where services could be held including memorial services. There were also photographs to remind people of those who had lived at the home in previous years. The manager told us families were welcome to be at Antokol with their family member when they were at the end of life as much as they wanted and they could make arrangements to stay in local hotels. They also helped when appropriate with funeral arrangements.

Good

Is the service responsive?

Our findings

People told us they received personalised care that met their individual needs. Relatives also confirmed this. Each person had a care plan in place that detailed activities of daily living and the range of support they required, for example, mobility needs, skin care needs and support with personal and nursing care. These were regularly reviewed. Records confirmed people's preferences, history and individual needs had been recorded and care and support had been planned to meet their wishes. For example if they had a preference for a same sex carer or if they preferred the light on or off at night and the door open or shut. People or their relatives had signed their care plans to signify they were happy with the arrangements.

People's care plans were in English and were therefore available for local authority and health professionals when needed. There were also detailed care summaries available for Polish speaking staff and people at the service to follow. These were regularly updated and had detailed information about how to provide personalised care for example what support people needed with eating or gave clear instructions to staff on the risks to one person at night and why regular checks and monitoring were required to prevent falls with mobilising.

Staff were able to describe a range of techniques they used to support people whose behaviour may be more challenging to support. However these details were not always recorded in the full care plan or summary to provide staff with a guide to follow. The manager agreed that they would now provide more detail on these aspects in the care plans The staff worked closely with the care home support service and used their dementia tool to help understand and meet people's needs with dementia. They had taken part in training to understand the needs of people with dementia better. The team told us they found staff very receptive, open to ideas and they had taken on any new suggestions positively.

The manager told us that they were able to meet the needs of people who were not of Polish background and they would carry out an assessment to check if they could meet their needs. Most people at the service shared a religious faith for which there were regular services at the home. The manager told us they had been able to meet other kinds of spiritual needs though the local community when this was needed. People told us they could take part in spiritual activities as much or as little as they wished. On person told us "You are not forced to do anything here." We observed that people were given the choice about attendance at a memorial service that day.

Two relatives told us about improvements their family member had shown with their mobility since they had come to the service. One relative said "I think it's excellent care here…Since (my family member) came here they have changed completely. It is hard for them to walk but the staff help to keep them walking. In fact staff got them back on their feet." Another relative told us they were pleased their family member was eating better since they had come here. Some people at the service had a diagnosis of dementia and there were pictures and signs in both Polish and English to orientate them around the service.

People told us there was plenty to do to stimulate and occupy them. One person said "There is always something going on here. You can never be bored." Several people told us how much they enjoyed the garden in the summer and staff said some people took part in some gardening in the warmer weather. There was an activities programme on display in Polish. There were two activities coordinators working during the inspection. The manager told us they worked every week day and at the weekend the care staff provided some activities but there were always a number of visitors at weekends. Activities were organised in the main lounge and we saw from photographs there was a range of activities people were involved in. During the inspection we observed a singing session of Polish folk music and traditional songs. The activities organiser worked to include everyone in the room and people who otherwise appeared to be asleep or unable to participate were able to recall parts or all of the song. The session was clearly enjoyed by all those who took part. People were observed to enjoy the company of the home's dog.

Individual activities were also provided and some people painted Easter decorations. One of the activities organisers told us that they took it turns each day to provide the group and individual activities. They also provided activities to people in their rooms if they wished or accompanied people on short local walks if this was appropriate. Local groups such as scouts came to sing at the home from time to time. Some people told us they would like to go on an outing in the warmer weather. The manager told us they were looking at how to manage this and had arranged outings for small groups to local garden centres.

Good

Is the service responsive?

A group of people at the home told us they met regularly for an informal tea and sometimes reminisced with photographs and past memories. Staff were invited to join with them in this.

People were encouraged to express their views about the service and these were acted on. Residents meetings were held for those who wished or were able to attend. The manager told us there was one arranged for later in the month to discuss in particular how people wanted the summer house decorated. Relatives meetings were held twice a year as many relatives had some distance to travel. Topics discussed had included arrangements for hospital admission.

People told us they knew how to complain and would not be worried about doing so if they needed to. There was a complaints policy on display in English. The manager told us the Polish version had been mislaid but they were able to print off a new copy. The policy had time scales for response and included guidance on how to record a verbal complaint. The complaints log showed no formal complaints had been made in the last two years. The manager told us they had an open door policy for people and their relatives and any issues were promptly dealt with. This was confirmed by a person at the home who told us they had experienced a small issue at meal times and raised this with the manager who had acted promptly and resolved it.

Good

Is the service well-led?

Our findings

People and their relatives all told us they thought Antokol was well run. They were aware of who the manager was and said they were always approachable. A local authority commissioning report from January 2015 recorded that some people had said they called the manager "angel" because of her kind attitude. People were complimentary about the management team and told us they thought the home was "very well run."

Staff said the home was well managed and they knew their roles and were supported well. They felt that if they needed to raise concerns they would be acted on. Staff meetings were well approximately six weekly and were well attended. Policies such as infection control and safeguarding adults were regularly discussed. They told us that the manager would listen to their ideas such as the purchase of new crockery and a wider range of teas and some aids to support people better who were nursed in bed.

Staff were kept updated about people's needs to minimise risk and improve consistency of care. There was twice daily hand over meetings to share any immediate changes on a daily basis to ensure continuity of care. Daily allocation meetings broke down the tasks ensure staff were aware of what their responsibilities were and made sure all aspects of care were delivered.

People told us they any issues they raised were acted on promptly. We saw from records of residents meetings the request for small group tea occasions had been responded to and these were now running. Concern about a draughty chimney was also in the process of being resolved. A summer house had been built for people to enjoy the garden more. The management committee carried out monthly monitoring visits and these included discussion with people to gain their views as well as checks on premises and discussion with staff. One person had asked for more frequent walks and we saw this had been followed up with the manager and acted on. One person had commented on the January 2015 visit "There is no better place for someone old, sick and lonely…. I am given excellent food, proper medication and I have wonderful carers."

There was a clear focus on continual improvement and learning at the service. The staff worked with other professionals such as the local hospice and the dementia support team to improve the quality of the care they offered. They were embedding the new training on the Steps to Success for end of life care and the manger showed us an action plan she was working through. The manager said as an individual service she was aware that it was possible to be quite isolated had therefore miss new developments and guidance. She and the deputy manager had therefore developed strong links with the local authority and attended the local care home forum regularly. She was also a member of the local adult safeguarding board.

There were checks and both external and internal audits in place to monitor the quality of the service. There were internal monthly medicines audits and spot checks to ensure quality of medicines management was maintained. There were also audits for the management of people's care, health care, staffing, premises cleaning and kitchen audits. Accidents and incidents were looked at by the manager and any action identified put into place although the form used did not allow for the easy tracking of action taken. We discussed this with the manager who agreed they would look at this. We found that if issues were identified in the audits they were promptly addressed. For example a recent kitchen audit had identified the need to repaint the kitchen ceiling and this had been completed. The manager told us they carried out regular spot checks at the home to ensure that policies and procedures were being followed. This helped to monitor the quality of the service. Any issue identified would be acted on and discussed in supervision.

There were external audits such as the annual health and safety audits. This had highlighted some areas to be addressed an action plan had been drawn up and actions identified had been completed. An external medicines audit had been completed in January 2015. The audit identified one area for improvement on the prescribing of as required medicines and we found this had been completed with the GP. As well as the provider's monthly audit there were monthly committee meetings where aspects of the running of the home were discussed. The manager told us that they had discussed the possibility of extending the main lounge as this was cramped now most people wanted to take part in the activities. This was in the process of being looked at and relevant advice sought.

Good

Is the service well-led?

The local authority commissioning teams also visited the service and one local authority had visited in January 2015 and the home met all areas inspected. They made a recommendation about increasing community links. The manager told us they had been trying to extend their community links by looking at people's interests to see if there were appropriate links in the community. They invited their neighbours at Christmas and other occasions in the year.

The provider asked for the views of people, their relatives, staff and health care professionals about the quality of care at the home through annual surveys. The views collected were analysed. We saw there were positive responses. The manager told us if there were any issues they would create an action plan to deal with them.