Bowercroft Care Limited

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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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We carried out this inspection on the 23 and 25 June 2015, it was unannounced.

Bowercroft Care Limited is a care home providing accommodation and support for up to 18 older people who may be living with dementia. It is situated in a residential area near to the centre of Maidstone. At the time of the inspection 16 people lived at the service.

The service was purchased by the new provider of the service six weeks before our inspection. One of the previous registered providers who was also the registered manager was going to continue as the registered manager. However, they left shortly after the handover of the business. This meant that there was no registered manager of the service, and the provider had in the interim promoted a senior member of staff as acting manager. 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.

Summary of findings

Not all medicines were stored, administered and disposed of safely. Some medicines had not been returned to the pharmacy, and some records had not been signed appropriately when medicine had been given. We have made a recommendation about this.

The provider had not adapted the environment for people living with dementia. Doors were all the same colour, and toilets and bathrooms were not always clearly identified to aid and support independence of people living with dementia. We have made a recommendation about this.

People demonstrated that they were happy at the service by showing open affection to the provider and staff who were supporting them. Staff were available throughout the day, and responded quickly to people's requests for help. Staff interacted well with people, and supported them when they needed it.

People were given individual support to take part in their preferred hobbies and interests. However, the provider needs to support people by providing an increased range of activities for people living with dementia.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; and daily contact with the provider and staff.

The provider investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible. People and relatives told us they had no concerns.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications were being completed in relation to DoLS, the provider understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. The provider and staff contacted other health professionals for support and advice.

People were provided with diet that met their needs and wishes. Menus offered variety and choice. People said they liked the home cooked food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place, and these systems were being reviewed, to review accidents and incidents and make any relevant improvements as a result.

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?
The service was not always safe.

People received their medicines as required and prescribed. However, the provider did not follow appropriate guidance on the safe storage and disposal of some medicines.

People told us that they felt safe living in the service, and that staff cared for them well.

Staff were recruited safely. There were enough staff deployed to provide the support people needed.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Requires improvement

Is the service effective?
The service was not always effective.

The provider had not followed appropriate guidance on adapting the environment for people living with dementia.

People said that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with a well-balanced diet.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Requires improvement

Is the service caring?
The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good

Is the service responsive?
The service was not always responsive.

Requires improvement

Summary of findings

People were supported to maintain their own interests and hobbies. However, there was no diverse range of activities for people to choose from. Visitors were always made welcome.

People were given information on how to make a complaint in a format that met their communication needs.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

Is the service well-led?

Requires improvement

The service was not always well-led.

There was no registered manager at the service.

Quality assurance processes were in place and currently being reviewed. Audits had not identified issues relating to the administration of medicines.

There were systems to assess the quality of the service provided in the service as people's views were sought.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

Bowercroft Care Limited

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.

This inspection took place on the 23 and 25 June 2015, it was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone whose uses this type of older person care service.

We spoke with eleven people, nine relatives and one social care professional. We looked at personal care records and support plans for two people. We looked at the medicine records; activity records; and two staff recruitment records. We spoke with the two people providing the service, four members of staff, and observed staff carrying out their duties, such as giving people support at lunchtime.

Not everyone was able to verbally share with us their experiences of life at the service. This was because of their complex needs. We therefore spent time observing people and how care was delivered and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We normally ask the provider to send us a Provider Information Return (PIR). However, we carried out this inspection shortly after the new provider had purchased the service, therefore the provider would not have had time to complete this form. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought this information during the inspection.

Before the inspection we examined notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

This was the first inspection of the service, following the provider purchasing the service and registering with the Commission.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to commented, "Oh yes, it is all safe", "I feel safe, yes", "Yes, I am safe, and my sons come all the time" and "Safe in all aspects". Relatives agreed, and commented, "She is safe here", "They are all so good here, he must be safe", "Absolutely safe, and they have even convinced him to use a walking frame now, which is much safer", and "She is much safer than if we were looking after her at home now".

Not all medicines were stored, and disposed of safely. There was no medicine fridge on the first day of the visit. The provider had purchased and had received a new medicine fridge on the second day of our visit. Fridge and room temperatures were now being recorded daily to make sure that medicines remained safe and effective. Eye drops had not been dated when opened. This was important as these had a limited shelf life once opened. We found an overstocking of one medicine. This meant that staff were not following the provider's medicines policy or ensuring that medicines remained safe and effective.

The contents of the medicine trolley and register were checked and had been correctly accounted for. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done. Staff documented when each person was given medicines, however there were four occasions when a medicine had been given but not signed for. There were systems in place for checking in medicines from the pharmacy and for the correct disposal of unused medicines. There was information for staff about possible side effects people may experience in relation to certain medicines so they were able to recognise any of the symptoms and take appropriate action. Staff who handled medicines had completed training to do so safely.

We recommend that the registered provider follows the guidance from the Royal Pharmaceutical Society for the "Administration of Medicines in Care Homes" or equivalent best practice guidance.

There were suitable numbers of staff to care for people safely and meet their needs. The provider showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times during the day. There were three care staff on during daytime hours, together with a cook and a cleaner (that worked six days a week). There was one waking night staff and one person sleeping in. The provider have following the inspection informed us that as from the 6 July 2015, there would be two waking night staff on duty each night. The provider said if a person telephones in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The provider told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find someone to assist and people in the lounge were not left alone for more than a few minutes.

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out and complete. This enabled the provider to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme that included dementia awareness, during their probation period, so that they understood their role and were trained to care for people.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The provider was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the provider or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

Requires improvement

Is the service safe?

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. We found that not all risk assessments had been regularly reviewed. Not all appropriate risk assessments had been completed, for example in relation to the risks associated with diabetes. The provider told us they were currently working with social care consultants, to update the care planning documentation to provide individual person centred plans of care that would meet people's needs.

Accidents and incidents were clearly recorded and monitored by the provider to see if improvements could be made to try to prevent future incidents. For example, purchase of a pressure mat, to alert staff when a person gets out of bed.

The provider was working hard to update the premises. Since purchasing the business they had completed redecoration of two bedrooms, and there was a rolling programme for the remaining rooms. One relative said they were pleased that the rooms were being updated. On-going maintenance of the premises was in evidence. The dining room was being re-decorated. One person said "When it is done, it will be nice". The providers had spoken with an occupational therapist to assess the dining room and lounge chairs, as currently none of the dining room chairs had arms that would support a person when standing up and enabling them to retain their independence. Work was being undertaken in the garden to make the area pleasant and safe for people to use.

Most people commented favourably on the cleanliness of the service. One person said, "It is cleaner than what it was. They do more cleaning and decorating now". Another person said, "It is all clean here". A relative noted, "It always smells clean and there are no hazards to trip over". Another relative said "It is always clean when we visit, never a full bine or a dirty cup". A visiting social care professional said that she found her client's room both "Well maintained and clean", during her unannounced visit.

Equipment checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the building were carried out and for each separate room to check the service was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments of the environment were reviewed and plans were in place for emergency situations. The staff knew how to respond in the event of an emergency, who to contact and how to protect people.

Requires improvement

Is the service effective?

Our findings

People who could respond felt that their health needs were well met at the service. They said, "I've got painkillers for my knees and if I want them, they will get them for me", "I am able to tell them if I am not well, and they get my doctor", "There is a doctor nearby. She came in yesterday to see me", and "You get a doctor when you are not well". Relatives commented, "They phone right away if he is unwell', and "They call us and the Doctor if he isn't well'.

People had mainly positive views about the food. They commented that the newly made changes to the menus, initiated by the new management were an improvement. People said "It is food I like", "The food is good and there is enough", "They make lovely gravy now", and "The dinners have improved, there is a choice now". Relatives said, "The food seems fine", and "The food is a lot better now".

Relatives made comments about the effectiveness of the staff. One explained, "I get emotional about my (loved one) and they know this and understand". She added, "They understand your needs, as well as the residents, and through their advice, I went on a course about dementia. I do feel the staff have been trained and they are very experienced". Another, said, "I find it difficult to understand his condition, but they help me. They are all fantastic. If they can help us out, they do".

Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The provider was in the process of updating the induction programme through the assistance of social care consultants. They said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed as competent to do so.

Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia.

Staff were being supported through individual one to one meetings and appraisals. The provider have set up one to one meetings and appraisals for staff. This was to provide opportunities for staff to discuss their performance, development and training needs, which the provider was monitoring. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider working with the social care consultants were beginning the process for making DoLs applications, as under the previous management the applications had not been made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Any application or consideration of DoLS starts with the assessment of their ability to make decisions. It is not until they are considered not to be able to make the decision that a DoLS is considered. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate.

Some of the people living in the service could on occasion be verbally abusive or physically aggressive, but staff knew how to de-escalate situations and how to distract people. They told us that physical restraint was never used in the service. One relative had a perception of how the service coped with challenging behaviour. She noted, "If someone is having a roam around or a moan, the staff dealt with them very professionally and calmly". Another relative said, "When she was at home she kept wandering off, but she is better now and seems to have made friends". The staff said that they felt supported by the provider, and there was always a senior staff member, to call if further advice was needed.

Requires improvement

Is the service effective?

Before people received any care or treatment they were asked for their consent. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or taking them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. The provider was in the process of updating the menus, so that people had a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen. One person said, "I eat most things, but I do not like fish, so when it is fish I usually have a salad". Some people needed to have their food fortified to increase their calorie intake if they had low weights. Care staff weighed people monthly and recorded the weights in their care plans. They informed the provider of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. People told us drinks were always available.

The provider had procedures in place to monitor people's health. People told us that referrals were made to health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People told us that their health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

Some adaptations to the environment had been made to meet people's physical needs. For example, raised toilet seat, and grab bars provided support for people to enable them to retain their independence. Other areas of the premises had been partly adapted to meet people's needs. For example, the stairs were open in that it was possible to walk up and down them beside the stair lift. One person said, "I insist that they leave the stair lift open and safe for me. I like to be able to get to my room". Another person said, "I walk up the stairs, I want to keep my knees going". However, we found that doors were all the same colour, and toilets and bathrooms were not always clearly identified to aid and support independence of people living with dementia.

We recommend that the provider considers guidance on enhancing the environment for people living with dementia.

Good

Is the service caring?

Our findings

People told us that staff are all very good. People commented, “They are nice girls”, “The staff are all good here”, “They are very good staff and we have a lot of fun here”, “Nothing is too much trouble”, and “Oh yes, the girls are all lovely here, they are very helpful and very nice”.

Relatives tended to describe the staff, and their care, in more general, but positive terms. They used words like ‘helpful’, ‘nice’ and ‘good’. They commented, “The care has always been good”, “The staff are all caring, I do not think we would find a better place for her”, and “We are so thankful that Bowercroft are looking after her so well”. The social care professional visiting on the day of the inspection certainly felt that the staff and said “Looks like they know my client very well”.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member’s likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff were responsive to people’s needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People said they were always treated with respect and dignity. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. A lifting transfer was observed in the lounge: the two carers managed it well and were clearly competent in the use of the equipment. Dignity was maintained for the person, and it was achieved smoothly. They did not speak very much to the lady, but did check that she was okay, when she was seated safely in the armchair.

There were caring interactions observed with the lady who carried around a keepsake. The keepsake was treated with affection and respect, as was the lady herself. Staff were very patient with her when she interrupted them, and her soft toy was returned to her promptly at one point.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Requires improvement

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. People said they had no complaints about the service and routines were flexible to accommodate their choices. They said, "I can have a shower have a shower, more or less when I want to", "You can go to bed when you want", and "I have a shower or they help with a bath. They don't leave you in there alone". Relatives were happy with the ways of the service and said, "They call the doctor quickly when needed, and they contact us and keep us informed", "The service contacts us by email, as we wanted", "They keep in touch and we phone as well. They are good on the phone", and "If there is a problem, just let us know. They keep in touch".

The poviders carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People's needs were assessed by the provider and care and treatment was planned and recorded in people's individual care plan. New person centred care plans were being introduced for staff to follow to meet individual care needs. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

Activities were mainly limited to 'Motivation', an outside group who came in weekly for 'physical and mental stimulation for memory and wellbeing' and prearranged singers/guitarists. People said, "We have singers and music. It is fun here.", "We have the guitarist, we all join in! A lot of old songs and modern ones", "There probably are activities, but I do not remember! You just sit there and have a little chat; there are a lot of books to read", and "The singer yesterday was the best one so far". A relative said "They put on a 'little do' for Father's Day".

People seemed pleased with the weekly hairdresser. People said "I get my hair done once a week", and "The hairdresser comes on Friday here". In the afternoon on the day of the visit, the staff put on some older well known rock and roll music and danced, which created amusement among the people. Some people liked to watch television, listen to music, and staff supported them in ensuring they had the things that they needed. A relative said that she had donated a lot of DVD's and CD's, and she knew they were used. She added, "There will be new ideas now". People told us that currently there were no religious or spiritual services held, and one person told us that they did not mine, then added that they missed it a bit. The provider told us that the activity programme was being reviewed.

There were no restrictions on visiting. Relatives comments included, "We always feel welcome", "I have been there at mealtimes", "They are very quick to answer the door and happy to let us in", "I have felt welcome since the moment I first came to look around", "We go on all different occasions and always feel welcome", and "They are all welcoming here, they use out first names". One relative who had travelled a long way said "I do feel welcome. I can ask for a cup of tea".

People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. One person said, "The girls are good and kind and they listen if you have a complaint". All visitors spoken with said they would be confident about raising any concerns. The provider told us that they had been regularly speaking to families and updating them on the changes that have been made, together with asking their opinions on further planned changes. The provider were currently updating the complaints policy and would investigate and respond promptly to any complaints made. The provider said that

Requires improvement

Is the service responsive?

any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the provider would deal with them appropriately within a set timescale.

Requires improvement

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. People said, "The new owners are doing a lot. They have done an awful lot in 6 weeks and they are nice people", and "The new boss is a gentleman indeed. He talks to you like a human being". Relatives commented, "New management, so far so good. We have been introduced. They were very sincere, I have a good feeling about them", "I have met the new owners a few times", and "We have met the new owners and every one seems very happy".

The two providers purchased the service six weeks before our inspection. One of the previous providers who was also the registered manager and was going to continue as the registered manager, left shortly after the handover of the business. There was no registered manager of the service during our inspection and the provider had in the interim promoted a senior member of staff as acting manager.

There were systems in place to review the quality of all aspects of the service. All systems were currently under review supported by the social care consultants. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems being introduced to identify any shortfalls or areas for development, and action was being taken to make improvements whenever possible. We had received from the provider information about actions taken to improve the service since taking over, together with a list of actions in progress. For example, re-decoration, installation of new boiler, replacing bed linen and kitchen equipment. Since the provider purchased the service, people told us that the quality of the food provided had improved and more choices were available. Other areas of improvement being considered were increasing the range of recreational activities available to people, and reviewing staffing hours.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas electrical systems, hoists and the adapted baths to make sure people were protected from harm. The provider informed us that following an inspection by the Food Standards Agency they received a 5 star award.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; and daily contact with the provider and staff. People told us that there was good communication with the provider. This meant that people were being asked about their experiences of the service to improve or monitor quality.

Staff were aware that the provider had an open door policy and were available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system. All of the staff we talked to said that the staff "worked well as a team" and this was evident in the way the staff related to each other and to people they were caring for.

The provider, and the staff were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them.

People and relatives spoke highly of the staff. We heard positive comments about how the service was run by the new provider. They said the provider had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

The management team at Bowercroft Care Limited included the provider, the acting manager and senior staff. The provider provided support to the acting manager and staff team. Staff understood the management structure of the home, which they were accountable to, and their roles and responsibilities in providing care for people. Communication within the service was facilitated through regular meetings. Minutes of staff meetings showed that staff were able to voice opinions. Staff told us there was good communication between staff and the management team. The provider had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

The provider were currently updating the aims and objectives of the service as set out in the Statement of Purpose, so that there was a clear understanding of what the service could provide to people in the way of care and meeting their physical and mental health needs. This was so that staff were able to understand the aims of the service, and people had an understanding of what they

Requires improvement

Is the service well-led?

could expect from the service. There were a range of policies and procedures governing how the service needed to be run. These were being reviewed, and were available to staff.

The management team demonstrated their commitment to implementing changes, by putting people at the centre when planning, delivering, maintaining and aiming to improve the service they provided. From our observations and what people told us, it was clear that changes in practice had been successfully cascaded to the staff and were being put into practice. It was clear that they were committed to caring for people and responding to their individual needs. For example, changing the food menus, decoration of bedrooms to meet individual needs either prior to admission to the service, or as part of on-going re-decoration.

The provider were aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the provider understood their legal obligations.