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Wishingwell Residential Care 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Wishingwell Residential Care Home is registered to provide accommodation with personal care and support for up to four older people, including people living with dementia. A day care service for a small number of people can also be provided. The service is situated in Dringhouses, York.

The inspection took place on the 7 September 2017. The inspection was announced. We told the provider the day before our inspection that we would be visiting because it is a small service and we needed to be sure that there would be a member of staff available to assist us with the inspection. During our last inspection of the home, in July 2015, the provider was rated Good overall and Good in each of the five key questions. At this inspection the service was rated Requires Improvement overall.

The service does not have a registered manager as it is managed and run by the registered provider. 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. Throughout this report we have referred to the registered provider as 'the provider'.

People told us they felt safe living at Wishingwell Residential Care Home and we observed that people appeared comfortable and relaxed in the home and with staff.

There were a range of safety systems and checks in place, such as gas safety checks, a fire alarm and emergency lighting and regular servicing of equipment. However, improvement was required in relation to the systems for ensuring electrical and fire safety. Action was taken shortly after the inspection to address these issues.

Recruitment checks were in place to ensure that people were supported by staff who were safe to work with vulnerable people. However, some improvement was required to ensure that all appropriate checks and documentation were retained and we have made a recommendation about this in our report.

Quality assurance systems in place were informal. The provider regularly sought people's views about the quality of the service and acted on these. They also took action when they identified any issues in relation to the environment or people's care. However, the quality system in place had not been effective in identifying and addressing the issue with electrical and fire safety systems or recruitment records. Some policies did not reflect up to date legislation and guidance. There were also some minor issues identified at our last inspection which had not all been addressed. Whilst there was no evidence of any negative impact to people as a result of this, it showed that quality assurance systems could be improved to ensure they were consistently effective in driving continual improvement. We have made a recommendation about this in our report.

People and visitors spoke highly about the provider and were very satisfied with the quality of care provided

at the service. They told us the provider was approachable and very responsive to people's needs and wishes. The provider promoted a positive and person centred culture. People were cared for in a family environment and there was a friendly and relaxed atmosphere. Throughout our inspection it was very evident that people were at the forefront of everything staff did and that support was tailored around people's individual needs, wishes and strengths.

There was a small staff team who knew people well and understood their preferences. Staff interactions with people were warm, supportive and caring. Staff respected people's choices and opinions. People told us that staff respected their privacy and maintained their dignity at all times.

Medication systems were generally managed safely although there were some minor issues identified at our last inspection which had reoccurred.

People were complimentary about the quality and choice of meals available at the home and staff provided appropriate support to ensure people's nutritional needs were met. People were able to access the support of relevant healthcare professionals where required, in order to maintain their health. Staff were also proactive in seeking ways to promote people's emotional well-being.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had additional training booked to improve their knowledge in relation to the Mental Capacity Act (2005).

Staff received an induction, training and regular support in order to provide them with the knowledge and skills to provide an effective service.

Care records were in place for each person, and these included information about people's preferences. This meant staff had information about how to support people. Staff also responded appropriately to changes in people's needs and any risks in relation to this.

People had access to activities and social opportunities and these were tailored around people's individual interests and hobbies. People were also supported to access the local community. The home was furnished to provide a stimulating environment for people.

The home had not received any complaints since our last inspection but there was a complaints procedure in place should people wish to raise any concerns. People and relatives were very confident that any issues they raised would be dealt with.

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

There were a range of environmental safety systems and checks in place but improvement was required to electrical and fire safety.

People told us they felt safe and we found that staff responded to individual risks in relation to people. The home was clean and hygienic.

There were procedures in place to ensure people received their medicines as prescribed but some minor improvements previously recommended had not been acted on.

Recruitment checks were completed before staff started work to ensure that they were considered safe to work with vulnerable people but records in relation to this needed improvement.

Is the service effective?

Good

The service was effective.

Staff received an induction, training and support in order to deliver effective service to people.

The provider had submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority for those who required them and staff worked within the principles of the Mental Capacity Act 2005.

People received appropriate support with their nutrition and hydration needs. Staff supported people to access support from relevant healthcare professionals when needed, to maintain their health.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Staff promoted people's dignity and privacy when delivering care.

People were involved in decisions about their care and their

wishes and views were respected. Staff supported people to maintain relationships with family and friends and visitors were welcome at any time.

Is the service responsive?

Good

The service was responsive.

There were detailed care records in place which contained information about people's individual needs and preferences. Staff knew people well and were very responsive to changes in people's needs.

Staff supported people to be involved in a variety of activities according to their individual interests, skills and hobbies. People were also supported to access the local community.

There was a complaints procedure in place. People and visitors told us they did not have any concerns about the service, but said they were very confident that any issues they raised would be acted on.

Is the service well-led?

Requires Improvement

The service was well led, but some aspects required improvement.

The provider promoted a very positive person centred culture and staff were motivated to provide a high quality service tailored to people's individual needs and preferences.

There were informal systems in place to seek the views of people and to review service delivery. However, these systems had not been effective in identifying and addressing some of the issues we found during our inspection.

People and visitors spoke highly of the provider and were very satisfied with the quality of the service.

Wishingwell Residential Care 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 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.

The inspection took place on the 7 September 2015 and was announced. We told the provider the day before our inspection that we would be visiting because it is a small service and we needed to be sure that there would be a member of staff available to assist us with the inspection. The inspection was carried out by one adult social care inspector and one assistant inspector.

Prior to our visit we looked at information we held about the service which included notifications. We did not ask for a provider information return (PIR) for this inspection because the inspection date had been bought forward. 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 feedback from the local authority contracts and commissioning team about the service.

During our inspection we spoke with three of the four people who lived at the home, one relative and two other visitors to the service. We also spoke with the provider and all three staff employed at the home. We carried out a tour of the home and observed practice throughout our visit. We looked at two people's care records, three staff recruitment and training files and a selection of records used to monitor service quality. Shortly after our visit we received feedback from two further relatives of people who used the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with confirmed they felt safe living at Wishingwell Residential Care Home and one commented, "Oh yes, very safe here." Another told us they could walk about safely and said, "They (staff) give you confidence." People appeared comfortable and relaxed in their environment and in the presence of staff. Relatives told us, "[Name] knows who the staff are and feels safe and secure" and "Daily routine has settled my [relative] and made them feel safe within their surroundings."

We spoke with staff about their knowledge of safeguarding vulnerable adults. Staff were aware of the types of abuse that could potentially occur in a care setting and their responsibility to report any concerns. No safeguarding concerns or referrals had been raised since our last inspection, but there was a policy in place on how to respond to abuse should any concerns occur. This policy had been reviewed in January 2017, but we noted it did not reference up to date legislation or the local authority's multi-agency safeguarding policy and procedure, which they would need to follow in the event of any concerns. The manager agreed to print an up to date copy of the local authority's policy and procedure and to ensure the provider's abuse policy was updated to reflect this.

The provider developed risk assessments in relation to people's individual needs. For instance, we saw an assessment for one person in relation to their increased falls risk when they had an infection, and a risk assessment for another person in relation to the use of a sensor mat in their chair. The risk assessments guided staff on what actions to take to minimise the risks to people whilst also promoting their independence. However, we found one person was at risk of falls, and there was no specific risk assessment in relation to this. The provider told us about the range of measures they had put in place to address this, and we were able to see these actions were being followed. The provider agreed to develop a risk assessment to record this. The provider and staff told us they met together regularly to discuss any changes in relation to people's needs or risks, so they were all aware of the measures in place to promote people's safety.

Records of accidents or falls were held in people's individual care records. One falls record we looked at lacked detail about the incident and the responsive action taken. We discussed this with staff and they agreed to ensure that more detail was consistently recorded.

We looked at the systems in place for supporting people with their medicines. The home used a Monitored Dosage System (MDS). People confirmed to us they were happy with the support they received with their medicines. One person said, "Staff keep them for me" and another confirmed they always got their medicines on time. The support people required with their medicines was recorded in their care plan, and staff completed Medication Administration Records (MARs) when they gave people their medicines. The sample of MARs we viewed were appropriately completed. Medicines were stored in a locked cupboard. Staff checked the temperature of the room every day to ensure that medicines were stored at the correct temperature.

Staff received training on the safe administration of medicines and told us that the provider observed their

practice in this area about once a month to ensure their competency. These competency checks were not formally recorded, but staff told us the provider told them straightaway if they there was anything they needed to improve.

There were however two areas of practice which we noted at our last inspection which had not been fully addressed. The stock balance for medicines which were not in MDS packaging, such as Laxido, was not always being carried forward at the end of the month, in order to maintain an accurate tally of the stock held. This meant the provider was unable to check that the balance of medicines held in stock was consistent with the record of medicines given to people. Also, one person's medicine for constipation did not indicate "as and when required" (PRN), which was how the medication was being administered. The provider told us they would discuss this with the GP.

Recruitment procedures were in place to make sure new staff were suitable to work with vulnerable people. The provider checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This service is in place to help employers make safer recruitment decisions. The provider also sought references and proof of identity. We did however, note that there were gaps in the employment history information on two staff member's job application forms and there was no evidence that the provider had explored the reason for these gaps with the applicants. The provider told us she had discussed this with applicants at interview, but because there were no clear interview records we were unable to verify this.

We recommend the provider reviews their employment practices to ensure they consistently follow best practice and maintain all records in relation to recruitment.

We asked staff, visitors and people who used the service for their views on whether there were sufficient staff to meet people's needs. People who used the service told us they felt there were enough staff and one visitor commented, "I think so. I've never been in and there's been a problem; there's always more than one staff member here." Staff told us, "Yes, there is enough of us" and "Yes, I think there is. People also have call bells in their room and [Name] has a sensor mat, so we know if they move and can get to them quickly." The home was run by the provider and her husband. They employed three staff who worked between 8:30am and 5:30pm. The four people who used the service lived as part of the provider's family. Therefore, when staff were not on duty the provider cared for the people living at the home.

We looked around the home and found it was clean, well maintained and free from odour. Two bathrooms had recently been replaced and there were plans in place to redecorate one person's bedroom. This bedroom was still of a good standard and did not need to be decorated but the provider wanted to ensure the person's room was 'freshened up' and improved for them. The person was happy with these plans and told us they had chosen what colours it was going to be painted. Staff had completed training on infection prevention and control and the provider told us they placed importance on high standards of cleanliness and hygiene.

We looked at documents relating to the maintenance of the environment and servicing of equipment used in the home. These showed that equipment was regularly serviced, including the fire alarm system and emergency lighting. A stair lift had recently been installed and the provider told us they would ensure that this was maintained and used in line with health and safety legislation. The gas safety certificate for the home was up to date. Portable appliance testing (PAT) was conducted annually on portable electrical equipment. However, there was no up to date electrical wiring safety certificate for the home. We also found that although there was a fire policy and staff advised us they had had practiced an evacuation, there was no fire risk assessment in place, which is required by law. The manager told us they tested the fire alarm

weekly, but this was not recorded. The evacuation plan for each person in the event of a fire was also not clearly recorded. We discussed these concerns with the provider and they took action straightaway after the inspection in response. They told us that people's safety and well-being was paramount to them. The provider arranged for the electrical wiring to be tested and sent us the certificate after the inspection. They acquired a log book in order to record the weekly fire alarm tests they had been doing. They also arranged for the fire service to audit the home and provide advice on ensuring they were meeting all legal requirements. We were advised of the outcome of this audit, included work required, such as improvements to fire doors. The provider advised us of the arrangements and timescales they had made to complete this work.

Good

Is the service effective?

Our findings

We asked people about whether they thought staff had the skills and knowledge to support them effectively. One person told us, "I think they have the skills to do the job. They are very good" and another commented, "They know me and they ask if I want anything." A relative told us, "You have proper people (staff) here who know people well and take responsibility" and another visitor said, "I think they (staff) are wonderful."

Staff received an induction and training. The training included safeguarding vulnerable adults, person centred care, risk assessment, consent, medication, and dementia awareness. One staff member told us the training was, "Okay and informative" but said they preferred face to face training to on-line training. They told us they had completed one training course at a local college but most was done on-line. Another staff member told us the on-line training gave them the knowledge they needed. They also spoke positively about a mental health training course they had completed. They said, "If I want to go on a college course I can ask [the provider] and she would send me."

Staff we spoke with were very happy with the support they received from the provider. They told us they met as a team regularly and were able to discuss practice issues and training needs. They also watched training information and resources together on line and discussed these. This included getting ideas and researching best practice in dementia care from different countries. The provider worked alongside staff on a day to day basis, so was able to give support and guidance. At our last inspection we noted that although staff received on-going support and supervision on an informal basis, these systems were not recorded. At this inspection we found that monthly team meetings were now being recorded but we reminded the provider of the need to ensure they consistently recorded individual staff supervision and appraisal meetings.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had submitted DoLS authorisation applications for two people. On the day of our inspection the provider received confirmation from the local authority that one of these applications had been authorised. The other application was still pending being processed by the local authority at the time of our inspection. This showed the provider had sought appropriate authorisation to deprive people of their liberty. The provider told us they had been trying to increase their knowledge in relation to the MCA and DoLS recently and had

booked themselves and staff on to a forthcoming MCA training course with the local authority. This training would help to improve their understanding and confidence in undertaking assessments of people's capacity to make specific decisions about their care, and in following the required procedures if the person lacked capacity.

Care files contained information about how to support people in making choices and we saw that staff asked for people's consent before providing them with assistance. People confirmed that staff respected their choices and decisions. One told us, "Yes, they check with me first. It's my choice." Staff were very clear in their understanding of the importance of respecting people's individual choices and supporting their decisions. They also gave examples of how they would respond if someone was declining support with aspects of their personal care, potentially due to the impact of their dementia related condition. Staff told us they would respect the person's choice and try again later. They were also aware that should the person regularly continue to decline aspects of their essential care, they would need to consult with other representatives or professionals involved in the person's care, in order to agree how to respond to this and ensure their needs were met in their best interests.

We asked people their views about the quality and choice of meals available at the home. Everybody was complimentary and their comments included, "The food is very good. We get a choice" and "The food is nice." Another person told us, "I have my meals and I'm full up after." Relatives and visitors also spoke of the support people received with their nutritional needs, and told us, "Food is freshly prepared every day with everyone's needs taken into account" and "People look well-nourished. They have plenty of fluids and staff are always encouraging people to eat and drink enough."

We observed a mealtime and saw that people ate together in the kitchen-diner. There was also a separate dining room where people could also choose to eat. People received assistance to eat where they required this. We observed that food was individually prepared for each person, according to how they liked it. Staff paid attention to detail with people's preferences and we were given examples of how they tailored the food they prepared to individual needs and wishes.

Care files contained information about people's nutritional needs and food preferences. For instance, one file we viewed contained detailed information about how the person's eating and drinking needs fluctuated and gave guidance to staff on the approaches and different crockery to try when the person needed extra support. People's weight was regularly monitored and staff had sought advice from relevant health professionals when they had any concerns about people's eating or nutrition. Food and fluid monitoring charts were completed daily for three people who required them. We also observed throughout the day that people were regularly prompted to drink sufficient fluids. Staff were very aware of the importance of good hydration.

The home had achieved a rating of four at their most recent food hygiene inspection undertaken by the local authority Environmental Health Department. The inspection checked hygiene standards and food safety in the home's kitchen. Five is the highest score available. The provider had taken action to address the issues identified at their most recent food hygiene inspection, including re-instating food storage temperature checks, in order to try and achieve the maximum rating at their next food hygiene inspection.

Staff supported people to access healthcare services when required. We saw from care files that people had accessed a range of professionals, such as GPs and ophthalmologists. The provider also supported people to attend hospital appointments where required. People's care files contained information about their health needs, pain assessments and details of correspondence with health professionals and hospital appointments. They also reflected the support people required to promote their mental health and

emotional well-being. People and relatives told us that staff were very attentive to changes in people's health needs. One person said that if they needed to see the GP, "I'm sure staff would help." A relative told us, "They always get the doctor if there are any concerns. I'm confident they would seek help if there were any issues and would sort things out."

Consideration had been given to the needs of people who accessed the service in relation to the environment. Around the home there were a large variety of ornaments and objects, aimed at stimulating activity and discussion. Staff and visitors told us how these were used to prompt discussion and memories for those living with dementia. People had access to both the home and the garden. There was a large covered patio area which people could enjoy sitting outside under.

Good

Is the service caring?

Our findings

People who used the service, visitors and relatives were unanimous in their praise of staff and told us they were caring. People's comments included, "They are more than caring. They are sincere and very nice. They are genuine and helpful. Nothing is too much for them." Another person told us, "They (staff) are very nice. They know me and they ask if I want anything."

Visitors and relatives told us, "They (staff) are very thoughtful and helpful" and "[My relative] has been looked after superbly by [Name of provider] and her staff since the day they went there. They are wonderful with [my relative], especially as they are now so frail and I cannot fault the care they have received at any time during their stay there. The staff really care and are 'not just doing a job for wages.'" Another relative commented how well their relative had settled at the home after having previously being confused and unhappy living on their own. They said, "[Name of provider] and her team have turned [my relative] round with the love and fantastic care they give each and every person in their care home. [Name of provider] has gently got to know [my relative] and in doing so has taken a lot of stress away."

People were treated with dignity and respect. We observed that staff spoke to people in a kind and respectful manner and were discreet when prompting people with their personal care needs. Staff gave us examples of how they promoted people's dignity and privacy, such as knocking on people's bedroom doors before entering, making sure people's doors were closed when providing personal care and covering people with a towel when supporting them to wash.

There was a small, consistent staff team which enabled people to build relationships with the staff that supported them. It was evident that staff knew the people they cared for very well and understood their individual preferences. Care records and interactions we observed showed us that there was a focus on promoting people's emotional well-being and self-esteem. For instance, a communication care plan we viewed for one person stated that the outcome to be achieved was, 'For [Name] to know and feel that she is valued and respected. To gain confidence when she is expressing herself. To maintain [Name]'s safety and happiness.' A person who used the service told us, "They (staff) don't just brush you aside. They give you confidence." Staff also nurtured and encouraged people's individual talents and interests. For instance, staff purchased drawing equipment for one person who was a keen artist and encouraged them with their drawings. Staff recognised how important this was for the person's emotional well-being and their physical and cognitive stimulation.

The home had a strong person-centred culture and staff told us that the needs of people who used the service came first. People were encouraged to be involved in making decisions about their care and daily life. This included choices about what they wanted to wear, eat and how they wanted to spend their time.

Visitors and relatives were actively encouraged to visit at any time and staff valued their involvement. One person who did not have family had a befriender from the local church who came regularly. Staff supported people to maintain relationships with family and friends, and visitors we spoke with told us they were always made to feel welcome.

Good

Is the service responsive?

Our findings

Each person had a care plan detailing their support needs, and this was developed and reviewed involving the person and their family wherever possible. One person told us staff discussed their care plan with their relative, rather than with them self, but they were happy with this arrangement. Relatives told us they were regularly kept informed about any issues or changes in their relative's needs.

We found the care plans contained sufficient information about people's individual preferences and needs to enable staff to understand how to support the person. This included information about people's life history and their daily routine. Areas covered in the care plan also included emotional well-being, communication, sight and hearing, washing and bathing, personal care, continence needs, mobility and medication. Where appropriate there were also specific care plans in relation to eating and drinking and falls prevention. Care plans were kept under review to ensure they were reflective of people's current needs.

Staff made daily entries in each person's care file daily diary to record information about the support staff had provided that day and any comments or issues in relation to the person's well-being or activities. There were also specific monitoring charts in place for people where required, such as food and fluid intake charts. This enabled the provider to monitor specific aspects of people's care and to help ensure that care was being delivered in line with people's care plans.

Staff we spoke with were very aware of people's individual needs and could tell us what people liked and disliked. Staff tailored their support to each individual's preferences, including their daily routines, meals, activities and environment. For instance, one person really liked animals and dogs, so the provider had purchased various dog pictures, ornaments and animal statues for the garden, which people enjoyed. People's rooms were personalised with their own possessions and decorated according to their preference. One person confirmed, "You can bring our own things."

We found staff were responsive to people's changing needs. For example, they had put measures in place to respond to one person's increased risk of falls. They were also monitoring one person whose eating and swallowing was starting to be affected by their dementia related condition. Another person had received support for treatment of an eye condition; this treatment had helped them to improve their vision and enable them to take up drawing again, which they enjoyed. Staff met on a daily basis to discuss people's needs and share any relevant information or updates.

We saw that people had access to magazines and games, and could watch the television and listen to music. Staff told us that they supported people with a variety of activities, such as baking, nail painting and foot spas, quizzes, film and popcorn afternoons, seasonal craft activities, singing together and ball exercises. Staff also supported people to access the local community and go on trips out. When asked about activities, one person who used the service told us, "I am happy with what I do" and another said, "There is always company." A relative told us, "The Wishingwell is full of laughter." They also confirmed, "My [relative] has her nails done every week, facials are a regular part of the week… [Name of provider] has taken my [relative] out shopping and out for meals so she is still doing the things she used to do."

Around the home there were features aimed at encouraging interaction and discussion. For instance, the provider had purchased a large dolls house since our last inspection and people had been involved in furnished and decorating this. The provider told us they had chosen some figures to go in the house that resembled staff and people who used the service. There were also features in the home aimed at promoting relaxation. For instance, the conservatory was seaside themed and the sound of the ocean could be played in the room. We were told that for one person sitting in this room and listening to these sounds had been particularly successful in reducing their anxiety.

We looked at the systems in place to manage complaints and concerns. The provider had a complaints policy. No formal complaints had been received by the provider since our last inspection but everyone we spoke with told us they would feel comfortable to raise any concerns if they had any. People and visitors were also very confident that any concerns or complaints would be dealt with. One person who used the service told us, "Oh yes, they'd deal with it" and another said, "I've never had any complaints. There's always somebody I could speak to though."

Requires Improvement

Is the service well-led?

Our findings

The home was managed by the provider who had day to day responsibility and oversight of the service. The provider was supported by three care staff.

People who used the service, visitors and staff all spoke highly of the provider and told us the home was well run. People's comments included "She (the provider) is good, I could chat to her" and "She's absolutely brilliant. She makes you feel good because she comes out with things that make us laugh." Relatives and visitors told us, "The home is very well run" and "[Name of provider] is very open to anything. I would feel able to raise any issues. The staff always act on things and try to think of things to do for people."

Staff told us they were well supported and their comments about the provider included, "She's good; fair and firm. I feel like I could ask if there was anything I didn't understand" and "She's a great manager. We get a lot of support."

The provider promoted a positive person centred culture and staff told us the service was, "Friendly" and, "Homely. Like an extended family. It's small and nice." Staff were very motivated and enthusiastic about providing high standards of care to people and there was a relaxed and friendly atmosphere in the home.

The provider told us they kept up to date with best practice in dementia care by research on the internet and via bulletins they received due to membership of the National Care Association. They shared information and discussed best practice with staff in team meetings. We found however that the provider demonstrated a less confident understanding of certain legislative requirements, including those in relation to health and safety. This meant that they were not aware they were not following the most up to date guidance in relation to electrical safety and fire safety systems, which could have put people at increased risk. Quality assurance systems in place had not been effective in identifying and addressing this issue. The provider took immediate action to address the safety issues, but it showed that improvements were required to governance systems to ensure that best practice and legislation was consistently followed.

At our last inspection there was some evidence of quality monitoring systems used to review the service. However, generally systems were very informal and the provider told us she was going to try to implement more formal monitoring systems. At this inspection we found that systems were still informal. People and visitors could speak with the provider at any time, and we found that the provider was very responsive to suggestions and feedback. The consistently positive feedback we received from people and relatives showed that people were highly satisfied with the quality of care the service provided. However, there was still limited evidence of formally recorded audits on the quality aspects of the service, such as routine checks on the environment, care plans, accident and incident analyses or policies and procedures for instance. These would help to ensure opportunities to identify issues and drive improvement were not missed. Policies had been regularly reviewed but we saw that some of these, such as the abuse policy, did not reflect up to date legislation or local multi-agency reporting procedures. We also found that some other minor recommendations from previous inspections had not been fully implemented, such as medication procedures. Whilst there was no evidence of any negative impact to people due to these issues, it showed

that some opportunities to improve the systems in place had not been taken.

We recommend the provider reviews policies and procedures to ensure they are reflective of current legislation and best practice, and takes action to ensure that the quality assurance system is effective in driving improvement.

The provider advised us they regularly checked the environment and took action whenever they identified any issues. We could see the home was clean and well maintained and that the provider had been proactive in decorating rooms and replacing bathroom suites. They also provided us with examples of where they had acted on feedback. For instance, they had booked on to MCA and DoLS training as a result of feedback from the local authority.

We saw some evidence of quality assurance checks. For instance, the provider had conducted a privacy and dignity survey in March 2017. This survey sought people's views on how people were treated, whether they were consulted and whether their wishes and views were taken into account. Responses were very positive. Relatives also confirmed they were regularly offered opportunities to give their views. They were highly satisfied with the overall quality of the care provided, and their comments included, "It's fantastic, without any question. A great place for [my relative]. It's brilliant" and, "I would not want my [relative] to be anywhere else. My [relative] has been, and still is, happy there."