ADA Care Limited

Regency Court

Inspection report

Thwaites House Farm
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Tel: 01535606630

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 14 June 2016. The inspection was unannounced. During our previous inspection on 9 November 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were on-going breaches from our inspection in June 2015. Due to the continuation of these breaches we issued warning notices to the provider and the registered manager in relation to the management of medicines and governance systems and processes.

During this inspection we checked to see if improvements had been made in these areas and re-rated the quality of the service provided.

The service is registered to provide accommodation and personal care for up to 20 people. On the day of our inspection 19 people lived at the home. People who use the service are predominantly older people who live with dementia. The home is situated two miles from the town of Keighley.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
We found the service had made some improvements to the way medicines were managed which meant the service had complied with the warning notice. However further improvements were needed to achieve full compliance . We found the service had made improvements to the governance systems which meant they had complied with the warning notice issued in this regard.

Most of the issues with managing medicines identified on our previous inspection had improved and we observed some areas of outstanding practice. However, some documentation was inconsistent and some care plans lacked detail. The provider needed to make further improvements regarding documentation of "when needed" medicines, recording of maximum and minimum fridge temperatures and application of creams.

Risks to people's health, safety and welfare were identified and managed. Accidents and incidents were analysed and action was taken to reduce the risk of repeat incidents. Improvements had been made to the level of detail within care records to ensure staff were provided with appropriate information to enable them to manage, monitor and mitigate risk. However, risk assessments were not always accurately completed which meant the level of risk was not always accurate. Although staff had a good understanding of the level of risk and risk reduction strategies.

Staff were aware of action they should take if they were concerned someone was at risk of abuse. We found safeguarding concerns were being referred to the local safeguarding team but the Commission was not always being notified about them.

Our discussions with people and observations throughout the day showed there were enough staff on duty to make sure people were safe and received the care and support they needed in a timely way.

Many people told us they enjoyed the animals which were kept in the gardens. However, we saw the animals had access to the smoking shelter, which meant people who smoked did not have a choice about whether to spend their time with the animals.

Overall we found the building to be clean and tidy with no unpleasant odours. However, some areas required more attention to detail to ensure appropriate standards of cleanliness were consistently maintained.

We concluded the care manager was taking action to implement an effective system of staff training, however improvements were required to ensure all staff had the appropriate skills, competence and knowledge to deliver safe and effective care.

Where appropriate staff made referrals and worked with other health and social care professionals to ensure people maintained good health.

Applications had been made to ensure the rights of people with limited mental capacity were protected in line with the legal framework of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). We found the information within people's care files could have been improved to demonstrate what authorised DoLS meant in practice. However most of the staff we spoke with were able to explain their role in protecting the rights of people with limited mental capacity and in keeping people with an authorised DoLS safe.

People were supported to have an adequate dietary intake. Some people told us the food could be "Plain," however we saw menus were discussed and planned with people who used the service on a regular basis. Appropriate action was being taken to monitor and manage nutritional risk and people's weights were regularly checked to ensure any changes could be promptly identified and acted upon.

Feedback from people about the service, staff and standard of care provided was consistently positive. Our observations and discussions with people who used the service led us to conclude that staff treated people with kindness, respect and were consistently mindful to preserve people's privacy and dignity.

A system of quality assurance was in place to ensure the provider and registered manager monitored the standard of care provided. We saw examples to show that these audits were effective in identifying areas for improvement and improving the quality of care provided.
The provider used a variety of methods to seek the views of people who used the service, such as care reviews, quality questionnaires and residents meetings. We saw evidence to show people's feedback was used to shape future development of the service and improve the quality of care provided.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

Systems were in place to ensure people received their medicines safely although further improvements were required to make sure documentation about medicines was consistent.

Risks to people's health, safety and welfare were identified and managed. Care records had been improved and contained more information about how staff should monitor and manage risk. However, further improvements were needed to ensure risk assessments were accurately completed.

People told us they felt safe. Staff understood safeguarding procedures and how they should report any suspicions of abuse.

There were enough staff on duty to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

There were some shortfalls in staff training which put people at risk of unsafe care and treatment.

Staff worked with other health and social care professionals to ensure people maintained good health.

The service was working in accordance with the requirements of the Mental Capacity Act to make sure people's rights were protected and promoted.

People were supported to have an adequate dietary intake and staff ensured people at risk of malnutrition were monitored.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's individual needs and used their knowledge to deliver person centred care.

People were treated with respect and dignity. Staff involved

people in making decisions about their care and supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in how their care was planned and delivered and procedures were in place to ensure complaints were investigated and learned from.

Care records provided staff with detailed information which enabled them to deliver personalised care and support to people.

Is the service well-led?

Good

The service was well led.

A system of audits was in place to ensure the provider and registered manager monitored the standard of care provided. These audits were effective in identified areas for improvement and improving the quality of care provided.

People's feedback was sought and used to improve the quality of care provided.

A registered manager was in post and the management team promoted an open and honest culture.

Regency Court

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 14 June 2016 and was unannounced.

The inspection team consisted of one adult social care inspector and a one pharmacy specialist.

Before the inspection, we reviewed the information we held about the provider such as notifications and any information people had shared with us. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We reviewed the information on the Provider Information Return (PIR). This 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.

During the inspection we spoke with seven people who lived at the home, three relatives, three care workers, the cook, the registered manager, the deputy manager, the care manager, the provider and a visiting healthcare professional. We looked at ten people's care records, medication records and other records relating to the management of the home such as duty rotas, staff files, training records, surveys, audits and meeting notes.

We observed people being cared for and supported in the communal areas and observed the meal service at breakfast and lunch. We looked around the home at a selection of bedrooms, bathrooms, toilets and the communal rooms.

Requires Improvement

Is the service safe?

Our findings

We looked at Medicines Administration Records (MARs) and related care plans for seven people.
We found appropriate quantities of medicines were stored safely and securely in the home. We checked stock levels of medicines and found these were accurate. During our previous inspection we found there were delays in obtaining medicines, this issue had been resolved and all prescribed medicines were available.

We checked the medicines disposal records and found these clearly detailed medicines that were returned or destroyed and the reasons for this. We found that controlled drugs (CDs - medicines which are more liable to misuse and therefore need close monitoring) were stored securely and documented accurately. Fridge temperatures were recorded daily and within the recommended range. Maximum and minimum fridge temperatures were not recorded. The provider told us this had been identified and was being addressed to an agreed timescale.

Staff could tell us how people liked to take their medicines and we saw clear, thorough documentation was available to support staff to give people their medicines according to their preferences. We observed the member of staff giving medicines to be patient, reassuring and knew people well. We observed this this was done in a person centred manner and people were supported to take medicine in a way that promoted personal choice and dignity. We considered this to be an area of outstanding practice within the home. We saw medicine reviews by healthcare professionals had been requested to make sure the use of medicines that can cause harmful side effects in the elderly was minimised. Staff had clear strategies to minimise the use of medicines used to control behaviours. Documentation regarding this in care plans was comprehensive. This was an improvement from our previous inspection. When medicines were administered for agitated or distressed behaviour, staff could tell us about the circumstances in which these were used, however this was not always documented.

Additional documentation to support the use of "when needed" medicines was available for all the people we reviewed. However, we found some incidences where no guidance was available for staff if there was a variable dose. For example, details of situations where someone might need to take one tablet or situations where someone might need to take two tablets. Staff told us some people could tell them whether they wanted one or two tablets. However this was not the case for people who lived with dementia who would not always able to verbalise their needs. This meant there was a risk that new or inexperienced staff may not have had enough information about the dose needed where a person is unable to communicate verbally.

The use of creams was not always documented. For example, we saw one person was prescribed a cream to be used regularly but this wasn't on the MAR chart. This meant it wasn't possible to tell if they had received the medicine as prescribed. Body maps are a way of detailing where creams should to be applied. These were not used in a consistent manner across the service. We looked at records for two people using creams and found only one had a body map in place. Staff told us this had been identified and plans were in place for this to be improved within an agreed timescale.

Regular audit checks were carried out to determine how medicines were managed and we saw evidence of actions taken when a problem had been identified.

We saw some people managed some of their own medicines in the home. We saw a care plan was in place for these medicines and an assessment had been carried out to confirm this was appropriate. However these were not accurate with the medicines on the MAR chart and lacked detail about how one medicine was taken by the person.

Whilst improvements had been made to some aspects of the way medicines were managed there were still areas that needed to be improved. This meant the provider continued to breach Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found risks to people's health, safety and welfare were identified and action was taken to manage the risk. The registered manager analysed incidents and we saw examples to show they had identified trends and taken action to reduce risk. For example, one person had an increase in falls during March and April 2016. Staff suspected this was due to an infection so arranged for them to see their GP who prescribed a maintenance dose of antibiotics. This person had another fall on 28 April 2016 so staff asked the GP to review them again and a higher dose of antibiotics was prescribed. At the time of our inspection the person had not had another fall since then. This showed staff's approach had been successful in reducing the number of falls for this person.

This person had a falls care plan in place to reflect the action staff had taken and to show other risk reduction strategies in place, such as the use of a crash matt when the person was in bed. We also saw an up to date falls diary was kept in the person's care file which helped staff monitor all incidents. This showed us improvements had been made to the level of detail within care records to ensure staff were provided with appropriate information to manage, monitor and mitigate risk.

However, we found further improvements were needed to ensure risk assessments were accurately completed. In this case, a falls risk assessment had been completed and reviewed following each incident. However this was incorrectly completed which meant the person was assessed as being a low risk of falls when this should have been increased to a moderate risk due to the number of recent falls. The registered manager said they would take immediate action to review risk assessments and the training arrangements for staff responsible for completing risk assessments. The care staff we spoke with were aware of the increased risk of falls for this person and provided detailed information about the actions they took to reduce the risk of falls. This assured us that despite the incorrect risk assessment staff took appropriate action to reduce risk.

We also noted there was no information in the care plan about seizure frequency or history for a person who had a history of seizures, and no information about seizure management. This would support staff to make decisions about actions to take if the person was to have a seizure.

People told us they felt safe living at the home and raised no concerns about how they were treated. One person told us, "I feel so safe and secure here." Family members also spoke about how they felt their relatives were safe living at the home. For example, one family member told us their relative had previously been prone to falls when they lived at home, but since moving to Regency Court had not had any falls or accidents.

The care staff we spoke with demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and felt able to raise any concerns with the management

team knowing they would be taken seriously. Information about how to detect and raise safeguarding concerns was displayed in the staff office. The registered manager had developed a revised safeguarding policy which provided further details on the action staff should take to ensure abuse was detected, reported and that action was taken to protect people.

We found the registered manager was referring safeguarding concerns to the Local Authority safeguarding team. However, we found one safeguarding incident from March 2016 which had not been referred to the Commission. From the information we hold about this service we know that the registered manager has previously submitted statutory notifications to the Commission when safeguarding incidents have occurred.This was discussed with the registered manager who acknowledged it was an error which had occurred whilst they were away. They said they would take steps to ensure the management team were fully aware of the actions to take in the absence of the registered manager. Following our inspection we wrote to the registered provider and the manager to highlight their responsibilities to notify the Commission of certain incidents which occurred in the home. We outlined what action the Commission may take if we found evidence they had failed to notify us of incidents in the future.

Our observations throughout the day showed there were enough staff on duty to make sure people were safe and received the care and support they needed in a timely way. This was confirmed by our review of the duty rotas and by our conversations with staff, people who used the service and their relatives. For example, one relative told us, " There is always plenty of staff about. I often arrive unannounced and come at different times. I always have a quick count of how many staff are on duty and there is always a good ratio, even at weekends." Another relative told us, "Whenever I visit staff always have time to speak with me and make me a drink." People who used the service told us staff were always available when they needed them. One person told us, "I have often needed them at night and when I press my bell they are like lightening. It's reassuring to know they are there when you need them."

The registered manager told us the usual staffing levels were one senior carer and two carers on duty from 8am to 8pm and one senior carer and one carer on duty from 8pm to 8am. The provider also employed an activities coordinator who worked 15 hours per week, kitchen staff who worked 7 days per week and maintenance staff who were on call whenever they were required. The registered manager, deputy manager and care manager were not usually included on the care rota so were available to cover emergencies or provide additional support where required. We saw the specific hours the management team worked was not detailed on the staffing rota. It would have been helpful for staff to know when the management team were due to work. A manager was also on call and could be contacted at any time if additional management support was needed. We spoke with a staff member who had recently had to contact the on call and they said the registered manager had returned to the home "immediately" and provided the additional support required.

We saw the required checks had been completed before staff started work including a criminal records check with the Disclosure and Barring Service (DBS). This helped protect people from the risk of being cared for by staff who are unsuitable to work with vulnerable people.

Maintenance and checks of equipment were in place to help keep people safe, such as fire alarms, the lift, hoists and gas and electrical appliances. A refurbishment plan was in place to ensure the fabric of the building was periodically updated and maintained. The registered manager explained they were in the process of obtaining quotes for a new stair carpet. During our tour of the premises we found the home to be clean and odour free. However, we found more attention to detail was required. For example, we saw the sinks in bedrooms were clean, however the cups where toothbrushes were kept required more thorough cleaning. The registered manager explained that a contractor performed a deep clean of the building once

per month and all other cleaning was completed by care staff. The staff we spoke with told us they had enough time to fulfil their cleaning duties and provide people with the level of support they required. The registered manager performed regular spot checks to ensure a good standard of cleanliness was maintained and we examples where these checks had identified and addressed shortfalls with staff. They said they would raise our findings with care staff and increase the frequency of their checks to ensure appropriate levels of cleanliness were consistently maintained.

We saw the home kept animals such as goats and ducks in the outside garden and patio area. Many people told us they liked the animals and enjoyed feeding them. One person told us the ducks recently had ducklings and they had enjoyed seeing them hatch and grow. Another person told us, "I love the goats, they are so cheeky. They bring a smile to my face." The registered manager explained that a risk assessment was in place and staff ensured the areas which the animals accessed were cleaned each day. A new fence was in place to keep the animals from accessing all of the patio. The registered manager said this was in response to people's feedback and meant people had a choice about whether they wanted to sit with the animals. However, the smoking shelter could still be accessed by the animals. On the day of our inspection it was raining and we saw the goats sat on the benches in the smoking shelter. We saw the benches were covered in animal hair and faeces. Some people told us they liked to sit outside and stroke the animals whilst having a cigarette. However, other people told us they would prefer to smoke away from the animals. We spoke with the registered manager and provider about this. They said they would arrange for another smoking shelter to be built which the animals were unable to access so people had a choice. The registered manager assured us they would review the arrangements in place to ensure the smoking shelter was cleaned more regularly.

Requires Improvement

Is the service effective?

Our findings

We were told that the care manager had responsibility for staff training. Since our last inspection the care manager had developed a central training log which detailed the training staff had completed. This was an improvement as previously training records had been kept in individual staff files which meant it was difficult to monitor and identify potential gaps. We saw the training log could have been further improved to aid a more comprehensive overview of the entire staff training programme. Such as including a record of training booked for the coming year and the date of expiry of specific training courses. The care manager recognised this and had plans to further improve the training log in the future.

We looked at the training log and saw some shortfalls in staff training which put people who used the service at risk of unsafe care. For example, records showed only four out of twenty staff had received training in first aid. None of the staff who usually worked during the night had received first aid training. We also saw only ten out of twenty staff had received training in fire safety; nine staff had received training in the Mental Capacity Act (MCA) and eleven staff had been trained in the Deprivation of Liberty Safeguards (DoLS). Our discussions with some staff indicated they would have benefitted from training in key areas such as the Mental Capacity Act and DoLS.

The care manager explained they had recognised there were some gaps in staff training and had booked some training courses to address the shortfalls. For example all staff were booked to complete safeguarding training the week after our inspection. They said they had obtained quotes for other training such as first aid, however, this had not been booked prior to our inspection.

Following our inspection the registered manager contacted us to inform us they had made arrangements to ensure staff received training in all mandatory areas. However, steps should have been taken to ensure staff had the necessary skills, experience and competence prior to our inspection.

This was a breach Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care manager explained that all staff received a comprehensive induction which included an introduction to policies, procedures and training in key areas such as moving and handling, safeguarding, dementia awareness and preventing slips, trips and falls. Staff completed shadow shifts until the management team deemed they had the necessary skills and competence to deliver safe care and were booked on to more in depth training in each of the mandatory training subjects. We spoke with staff who had recently completed the induction and they told us it had provided them with a good overview of the service and the knowledge they needed to provide effective care to people. Staff told us they felt well supported and received regular supervisions where they could discuss any concerns they had and plan for their future development.

We saw staff monitored people's health and took prompt action where they noticed a change or had any concerns such as through making referrals to other health professionals. Our review of records showed that

staff worked with an array of other health and social care professionals such as GPs, district nurses, opticians, dieticians, community mental health services, physiotherapists and opticians. One person who used the service told us staff had recently recognised they were unwell and had arranged for them to see their GP. They said, "Staff knew I wasn't right before I did. They were genuinely concerned about me and wanted to make sure I was well, it's nice that they seem to really care about you as a person." We spoke with a healthcare professional who worked with staff at the home to provide people with treatment. They told us that staff were "On the ball" in following their advice and making referrals to ensure people maintained good health. They said, "Regency Court really is one of the good homes who provide a very good standard of care to people."

People told us there was always plenty of food available and staff always offered them different choices. One person told us, "We always get plenty to eat and drink" and another person told us the food was "Enjoyable." One relative described how their family member had "Put on some much needed weight" since moving to Regency Court. On the day of our visit we saw people were offered a choice of either gammon or faggots with chips and vegetables and homemade sponge and custard. Outside of meal times we saw people were regularly offered drinks and snacks throughout the day. Some people told us the food was sometimes "Plain" and there were often a lot of chips on the menu. However, they said if they didn't want what was on offer staff would always make them something else such as a sandwich or an omelette. We raised this with the registered manager and they said they would discuss this feedback with the cook during the next resident's meeting. We saw food menus were routinely discussed during resident's meetings and that people's suggestions and ideas were catered for.

Our review of care records showed that nutritional risk assessments had been completed which identified if each person was at risk of malnutrition and reflected the level of support they required for eating and drinking. We reviewed one person who was identified as being at risk of malnutrition. We saw appropriate action was being taken to monitor and manage this risk. For example, we saw they were weighed weekly and had been prescribed supplements which staff encouraged them to take in addition to their meals. We saw their weight was stable at the time of our inspection which showed us the actions staff were taking were effective. In addition the registered manager monitored people's weights each month and they explained if they noticed any changes in weight over a two month period they would involve relevant health professionals to ensure appropriate action was taken to investigate and respond to these changes. They provided examples where they had done this in the past however at the time of our inspection people's weights were stable. We spoke with the cook and they had a good understanding of people's dietary needs and preferences and were able to describe the actions they took to ensure people consumed an appropriate diet. Such as fortifying foods with full fat milk and butter and ensuring the people who required gluten free and diabetic diets were catered for.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

At the time of the inspection there were two authorised DoLS in place and eight applications awaiting review by the supervisory body. We looked at the records for one person who had an authorised DoLS in place.

There was information within the person's care file to show they had an authorised DoLS which detailed the conditions and date of expiry. However, the information could have been improved to demonstrate what the DoLS meant in practice and what action staff should take to ensure the person was kept safe. The staff we spoke with were all able to tell us this person had a DoLS in place and most staff provided detailed information about what this meant in terms of the day to day care they provided. However, one staff member was not able to tell us this information which showed care records could have been further improved in this area.

We observed staff asked people for consent before providing support or care, explained what they were doing and obtained the person's agreement before continuing. This showed staff ensured people were in agreement before any care was delivered. Staff were able to provide examples of how they made sure people who did not have the mental capacity to make their own decisions had their legal rights protected. The registered manager provided examples of how they had made best interest decisions for people who lacked capacity. This had included consultation with people's relatives and health and social care professionals to ensure the decision reached was the least restrictive option and was reviewed to ensure it remained in the person's best interest.

Good

Is the service caring?

Our findings

All of the people we spoke with told us they were happy living at Regency Court and that they received a consistently good standard of care. People said staff were kind and compassionate and treated them well. One person told us, "The staff are so friendly and polite, I feel like I can talk to them about anything." Another person told us, "The staff are just like family to me. They are simply marvellous and can't seem to do enough for you. I don't want to live anywhere else." Whilst another person told us, "Staff are so kind and caring. They make you feel special and loved."
One relative told us, "I feel like I no longer have to worry about my relative since they have moved to Regency Court. I can just enjoy spending quality time with them, rather than having to worry if they are safe and being well cared for."

During our inspection we observed a calm and homely atmosphere. We observed the relationships between staff and people living at the home were warm, yet professional. We saw that staff appeared to have developed positive relationships with people and knew how people preferred their care and support to be delivered. One relative told us, "The best thing about the home is the continuity of care. They don't have a high staff turnover so it's usually the same staff on duty each week. I feel that means staff can really get to know my relative and pick up on any changes or issues."

Staff spoke about their work as being "More than just a job" and were committed to providing people with a high standard of personalised care. We saw one member of care staff who was not on the rota came in for a few hours during our inspection. We asked the staff member about this and they said they had come in because it was a person who lived at the home's birthday and they had arranged a celebration. They put up decorations, arranged a cake, present and for people to sing happy birthday. This helped ensure it was a real occasion for the person and something which everyone else had enjoyed. The person told us, "I have been spoilt, it's been a wonderful special day." Another person told us, "It's made me really happy and created a buzz for us all."

We saw staff treated people with respect and dignity throughout our inspection. We observed staff made eye contact, knelt down when speaking with people who were sat down and took time to listen to and understand what people were telling them. Where people who lived with dementia appeared confused or were unable to vocalise what they wanted, staff provided reassurance, used shorter sentences, visual prompts and took time not to rush the person so they could establish what the person was saying. Our observations were confirmed by what people who used the service told us. One person explained, "Staff are very good to us, they speak to me with nothing but respect, they are polite and patient. It doesn't sound like much but to me that's worth it's weight in gold as I can be slow but I don't ever feel like they are rushing me." Another person told us, "Staff are kind and always treat me with respect."

We saw that staff helped people to retain their independence where ever this was possible. Care records contained information about what tasks people could still do for themselves and guided staff about how they could safely assist people to retain control over important aspects of their daily lives, such as moving, eating and dressing. We saw examples of this in action during our visit. For example, during the medicines

round we saw staff explained to people what their medicines were for and what the risk of not taking them may be to their health and wellbeing. Staff were then respectful of people's choices of whether or not they wanted to take them. This showed us that staff were focused upon ensuring people were in control of making decisions about their
day to day care and how this was provided to them.

Good

Is the service responsive?

Our findings

Improvements had been made to the level of detail included within care records. We found they now contained a range of care plans to help staff meet people's individual needs. These included mobility, eating and drinking, mental health, medication and pressure care. Care records were reviewed on a monthly basis or sooner if there was a change. This meant they contained the most up to date information about people's needs. Where specific needs were identified individual care plans were developed. For example, we saw one person adopted some specific behaviours which formed part of their preferred daily routine and helped to keep the person calm and reduce their anxiety. We saw specific information within their care plan which detailed these behaviours and how staff could enable the person to incorporate them into their daily routine in a safe way.

Care records also contained information about people's health, social background, preferences, likes, dislikes, and specific information about how they wanted their support to be given. We spoke with some care staff who had recently started work at the home and they told us this level of detail had been helpful in assisting them to get to know people's individual care needs. Care staff also told us they had been consulted about the content of care records during team meetings and supervisions to ensure they had the opportunity to suggest the inclusion of information about people which the management team may not have been aware of.

From our observations, discussions with people and staff we concluded the service was responsive to people's needs. People told us staff were quick to respond if there was a change in their needs. One person told us, "Staff are very obliging and give you everything you need. They are really on the ball and if something isn't right they are quick to respond to make things better for you." Another person described how their skin had been, "A bit sore." They described how staff "immediately" arranged for them to see their GP who prescribed some cream. They said staff reminded them to use the cream and helped them to apply it when they needed them to. They told us, "Thanks to staff it's now working a treat and I am a lot more comfortable. You are not allowed to suffer here, staff act quickly because they want you to be healthy and well and will do everything they can to make sure you get what you need when you need it."

The provider used a variety of methods to seek people's feedback. We saw evidence this feedback was then used to improve the quality of care provided. This included two monthly resident and relative meetings, individual care reviews and annual quality questionnaires. The quality questionnaires had been sent out to people in April 2016 and we saw the key areas of feedback and the actions the registered manager had taken in response were displayed on the 'You said, we did' noticeboard in the entrance of the home. We saw staff put the interests and preferences of people who used the service first. For example, some relatives had provided feedback that they felt that some of the décor in the home was more suited to a pre-school environment. However, the registered manager had responded to say that redecoration was done in consultation with people who used the service. We saw evidence that the environment and décor of the home was discussed with people during resident meetings.

Information about how to make a complaint was available to people in the entrance to the home. The

registered manager explained that no formal complaints had been made in the past six months. However they were able to describe the approach they would take if any complaints were made in the future which included analysis of themes so any trends could be identified and addressed. The people we spoke with told us they had no complaints about the service but told us if they had concerns they felt able to approach any member of staff and felt they would be listened to. One person who used the service told us, "Staff listen to me and respect my opinions ."

Staff clearly understood the importance of people's family and friends and encouraged people to maintain contact with their loved ones. One person told us their relative was unable to travel to see them so said staff helped them to telephone their relative so they could keep in touch with them. Relatives told us they were always welcomed by staff whenever they visited. One relative told us, "All staff seem to know our name and stop and have a chat with us. It makes us feel comfortable when we visit and like staff have an interest in our family."

The provider employed an activities coordinator who worked 15 hours per week and people told us they enjoyed the activities which were on offer. One person told us they had recently enjoyed planting sunflowers and watching them grow, another person told us they liked doing arts and crafts and other people told us they enjoyed feeding and petting the goats which were kept in the garden. We saw staff had sufficient time to spend engaging people in meaningful conversation and ensuring those people who did not wish to participate in group based activities received individual interaction. Some people told us they would prefer to have more trips out and the registered manager said they were looking to arrange some trips out in the summer months.

Good

Is the service well-led?

Our findings

The registered manager had implemented systems to audit the quality and safety of the service provided and enabled them to identify for themselves other areas where improvements were needed. We saw numerous examples whereby these checks had identified areas for improvement and where they had put plans in place to address them. For example, we saw a number of care plans which had been amended, improved and further developed as a result of the care plan audits completed by the registered manager. We also saw that the registered provider kept records of their visits to demonstrate what actions they took to assess the quality of care provided.

People who used the service and their relatives told us that the management team were "accessible" and always willing to listen to any concerns they had. People were asked for their feedback about their experience of using the service through a variety of methods such as formal care reviews, resident meetings and quality questionnaires. People also told us the provider also regularly visited the home and spent time informally asking people whether they were satisfied with the care they received. We saw the registered manager adopted an open and transparent attitude towards the feedback provided. In the conservatory area there was a 'You said, we did' noticeboard which featured the key feedback people had provided and detailed what actions had been taken in response to the comments people had made. We also saw the rating and inspection report from the Commission's last inspection was displayed on this noticeboard for people to read.

Staff told us the management team were keen to hear their views and took note of their suggestions for improving care. Staff told us the staff meeting following our last inspection was positive with no blame culture. This was confirmed by our review of staff meeting minutes which showed the management team had consulted staff about how to best address the areas for improvement. We also saw that the registered manager had displayed the new rating on the staff notice board to highlight there had been improvements to help encourage and motivate staff to continue work together to improve the quality of care provided.

Staff told us the management team encouraged a positive and team focused staff culture. One staff member said, "The best thing about working here is the management team. They are all lovely, helpful, knowledgeable and really do care about people." One staff member told us they felt the registered manager had been under pressure since our last inspection and had not been as motivated or committed to the home. However, we saw they had plans for the future development of the service which included creating a day centre. They also spoke about their desire to continue to improve the rating and their passion for delivering high quality care.

Since our last inspection the home had won a local care award for 'Putting people first.' Staff told us they were really proud to have won the award and the registered manager had used it as an opportunity to celebrate the positive changes that had been made at the home and to encourage staff to continue their commitment to delivery quality person centred care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some improvements were needed to ensure the proper and safe management of medicines. Regulation 12(1) (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Not all staff had not received the training they needed to make sure they had the necessary skills to deliver safe and effective care. Regulation 18(2)(a)