Care Quality Commission

# Classic Care Homes (Devon) Limited

# Pottles Court

## Inspection report

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Date of inspection visit: 15, 22 and 23 July 2015
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## Ratings

| Overall rating for this service | Good |
|---|---|
| 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? | Good |

## Overall summary

An unannounced inspection took place on 15 and 22 July 2015. We returned on 23 July 2015 to give feedback. It was carried out by one inspector who was accompanied by an expert by experience.

Pottles Court provides accommodation for up to 16 people and 16 people were living at the home during our inspection. A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict

# Summary of findings

their freedom in some way, usually to protect themselves or others. At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service.

Improvements were needed in the home's recruitment process to ensure staff were suitable to work at the home.

Risk assessments were in place for people's physical and health needs, but improvements were needed for the recording of risks relating to two people's well-being.

People looked confident as they moved around the home and people told us they felt safe. Accident and incident records were analysed and action taken. Staff knew how to report poor or abusive practice, and the management team responded to concerns appropriately. Staffing levels met people's care needs and the atmosphere was calm and friendly. Medicines were well managed.

Staff treated people as individuals and checked how they wished to be supported. Staff understood the importance of gaining consent and their legal responsibilities. People told us staff were kind and we saw they had the skills to adapt their approach to each individual. People benefited from a staff group that well trained and supervised. People had access to health services and staff recognised the importance of encouraging and supporting people to eat and drink.

Staff were calm and unhurried in their approach to people. People complimented staff on their approach and compassion. People's relationships were respected and celebrated. There were a range of interactions with people to help keep them interested in the world around them. Care records were personalised, including information which could be shared if people needed care in an alternative setting, such as hospital.

The values of the home were promoted by the management team; their approach helped staff transfer the home's ethos into the way they worked. There was a commitment to learn and develop the service to the benefit of the people who lived there.

We found one breach 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.

# 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?**

**Requires improvement**

Recruitment practices were not robust so the registered manager could not demonstrate that staff were suitable to work with vulnerable people.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately. But some improvements were needed to record these actions.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

**Is the service effective?**

**Good**

The service was effective.

People were supported by committed staff who were trained to meet their emotional and health care needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. Staff knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received supervision and a range of appropriate training.

People were supported to access healthcare services to meet their needs.

**Is the service caring?**

**Good**

The service was caring.

People were treated with dignity and with kindness and respect.

People were involved in planning their care and support and their wishes respected.

Staff understood people as individuals and communicated effectively with them about their support.

**Is the service responsive?**

**Good**

The service was responsive.

People's individual care needs were assessed and care plans written in conjunction with individuals.

People were asked about their preferences and encouraged to follow their interests.

People's care was responsive to their individual needs.

# Summary of findings

| | |
|---|---|
| The management of complaints and concerns showed a commitment to improve the service. | |
| **Is the service well-led?**<br>The service was well-led.<br><br>The home was well-run by a committed registered manager and providers who supported their staff team and knew the people living at the home well.<br><br>People who lived at the service, their relatives and staff were positive about the work of the management team.<br><br>There were systems in place to monitor, identify and manage the quality of the service. | **Good** |

# Pottles 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 15 and 22 July 2015 and was unannounced. Feedback was given on 23 July 2015. There was one inspector who was accompanied by an expert-by-experience with expertise in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also 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 comment directly on the care they experienced.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

During our visit we spoke with people who used the service, three people's families, four staff, the registered manager and the providers. We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to training, supervision, complaints, safety checks and quality assurance processes.

Requires improvement

# Is the service safe?

## Our findings

Four recruitment files for recently employed staff showed the recruitment processes within the service were not thorough, which could result in unsuitable people being employed by the service.

Disclosure and Barring Scheme (DBS) checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The providers assured us these checks were completed before new staff began working at the home. However, methods of recording needed to be improved to demonstrate this information.

Newly recruited staff had produced relevant identification documents and completed application forms. However, requesting references in a timely manner from previous employers to assess potential staff members' suitability needed to be improved. Four staff files showed references had been requested but three staff had started work with only one reference in place rather than two references. In one staff member's file there was a gap in one person's employment history. The registered manager explained the reason but this had not been documented. During our feedback, the registered manager and the providers reassured us these shortfalls would be addressed immediately.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Three people were able to tell us how they felt safe at the home and one person confidently told us their call bells were answered promptly by staff to help keep them safe. They said "If I need any assistance I just press the bell and they come quickly." A tour of the building showed calls bells were in place in people's room. Or where appropriate, alarmed mats were in place for people who had been assessed at risk of falling, and were unable to use a call bell. People looked confident and relaxed in their surroundings. They moved around the home choosing to sit in particular areas where they could relax or participate in activities or observe the actions of others.

Risks assessments were in place and were up to date for people's physical and health needs. For example, people at risk of pressure damage to their skin or at risk when they moved because of their variable abilities. However, an incident at the home had shown one person's behaviour had impacted on another person's well-being. Staff knew to monitor where people were in the building to help keep them safe but this approach had not been recorded in people's care records or in staff handover. This meant there was not a written review to demonstrate if staff actions were successful to help keep people safe. A lack of written records meant there was the potential for new staff not to be aware of this risk. The registered manager and the provider told us they were now considering how this risk could be recorded. They told us the risk would be recorded in a discreet manner to avoid people being judged by their past actions and becoming labelled in a negative way.

Maintenance records and room audits were kept, although improvement was needed to make the maintenance records easier to audit because of the style of recording. Fire safety measures were in place and people had evacuation plans in place which were personalised and reflected their individual needs.

Accident and incident records were kept and reviewed. Action was taken when a pattern was identified. For example, one person had regular falls at night. Steps had been taken to alter the layout and furniture in their room to reduce the risk of injury.

Staff were knowledgeable about how to recognise signs of abuse and how to whistle-blow on poor or abusive practice. They knew who they should contact to make a safeguarding alert either within the company or via an external agency. Actions by the registered manager showed they knew when to seek advice and make safeguarding alerts. The providers and the registered manager understood their responsibility to work alongside other professionals and when to instigate staff disciplinary issues. For example, the registered manager ensured a staff member completed further training and observed their practice in response to concerns about the staff member's practice. A health professional said the registered manager was "very good" and proactive with regards to safeguarding and reporting concerns.

The atmosphere in the home was calm and relaxed; staffing levels met the needs of people. For example, some people living with dementia were physically frail; staff regularly checked if they were comfortable and sitting in a safe manner. Staff did not hurry people when they mobilised and supported people's independence and

Requires improvement

# Is the service safe?

mobility by encouraging them to walk and to help them understand the purpose of their walking-aids. This took patience and time but staff were able and prepared to support people in this way.

The providers and registered manager explained how they ensured the staffing levels matched the needs of people who had a range of care needs. The registered manager explained how he considered other people's care needs when he assessed new people moving to the home to maintain a balance in the home's community. At mealtimes, the deputy manager and the registered manager worked alongside the care staff to ensure people ate at the same time and had the assistance they needed. The provider also provided this type of support during one meal as a staff member had rung in sick and other staff were not available to cover.

Medicines were well managed. For example, records for medication were completed appropriately and consistently. Work had taken place to encourage improved practice in administering and recording the application of prescribed creams. Medicine records matched the prescribed medication totals in the home and where appropriate staff had double signed entries. People said they were given all medication on time and pain relief when they needed it. Medicines were administered in a calm manner and people were asked if they were in pain. A staff member explained how they had worked with another experienced senior to learn to assess people's body language regarding their pain levels. We saw how they reassured somebody who was in pain and explained their actions and the purpose of pain relief creams, which they applied gently and carefully. Medicine was stored appropriately, although after discussion the registered manager planned to buy a new thermometer for the medicines fridge in response to the variability in temperature records.

Good

# Is the service effective?

## Our findings

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager advised there were current deprivation of liberty safeguards applications (DoLS) in place; we spot checked several people's files and saw the request had been appropriate. A discussion with another staff member confirmed their understanding by giving us examples of their practice. The registered manager explained that since taking on their role in December 2014, they had worked hard to address overdue training, which staff confirmed. The training matrix showed further work was needed to ensure all staff had training in the Mental Capacity Act, although an in-house training session had been provided in April 2015.

Records showed how people were consulted on day to day decisions. People's mental capacity was assessed to support them make decisions in different areas of their care and life, although best interest decisions needed to be better documented, such as the use of alarmed mats. A best interest decision was not documented for a person assessed as not having mental capacity to make a decision about the benefits moving room. However, their family told us they had been fully involved in the decision and were happy with the outcome.

Our observations showed staff knew people's preferences and how they wanted to be supported. However, staff did not assume they knew people's choices. For example, one person regularly requested the same alternative option for their main meal. However, their opinion was still sought regarding their choice of meal. A staff member responded respectfully and discussed in detail how they wanted their meal prepared, which demonstrated they valued the person and respected them rather than assuming they knew what they wanted.

Staff checked with people how they wished to be supported and listened to their opinions. For example, one person chose not to have intervention from the visiting district nurse. A staff member took time to reassure them and reminded them of the reason for the visit but respected their decision, which was informed because of the information from the staff member.

People told us about the skills of the staff who cared for them making comments such as describing the actions of staff as being "very kind" while another person said the deputy manager was a "dear". Through their practice staff showed how they learnt from one another as well as through more formal training. Staff described how the management team spent time providing hands-on care and therefore worked alongside them. The management team and seniors provided strong positive role models for staff who were still developing their skills.

Care staff also recognised their own role to promote good quality care. For example, a staff member described how it was their responsibility to help others adopt a person centred way of working. They gave an example of how they had suggested a particular approach for one person in the home. This approach linked to the person's former occupation and we saw the staff member using it successfully with the person. We also saw another staff member adopting this technique with the same person. A staff member commented there was "lovely teamwork" at the home.

A relative praised the staff group describing them as "professional" and "friendly". Another visitor echoed this judgment. We asked if they had seen how staff coped when people became distressed with one another. They said they had seen little conflict between people living at the home but when it did happen staff had the skills to diffuse the situation. Staff also demonstrated through their practice an understanding of when to try a different style of approach with people to prevent frustration and anxiety. This included working as a team and knowing when to walk away so that another staff member could try a different approach. For example, it took three staff members at different times to encourage a person to stand for an appointment with the district nursing team.

Staff demonstrated their understanding of their responsibilities and the skills they needed to effectively support people. All staff showed a commitment to training and developing their knowledge and skills. For example,

Good

# Is the service effective?

the registered manager and a senior held moving and handling training qualifications, which enabled them to train staff. Staff told us about their recent training, which matched with the training certificates on their files, these included areas of health and safety. Staff said they received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. This included in-house training run by the provider, which included guest speakers. Staff received training on a range of subjects including, safeguarding adults, moving and handling, first aid, health and safety and food hygiene.

Staff were supervised formally but also said the staff team and management team were approachable and available when they needed guidance. Systems were in place to support new staff and assess their progression during their probationary period. They told us they felt supported by the registered manager; a staff member described how they had been encouraged to develop their skills resulting in promotion.

People talked to us about the quality of the food at the home and the choices available to them. For example, one person told us they were allergic to certain types of food and that an alternative dish was always prepared for them. Staff involved in food preparation knew people's individual preferences and how to prepare food to suit their allergies or values and beliefs. Staff understood that for some people food was perhaps one of the few areas left in people's lives to control and this helped them respond to people appropriately. For example, showing patience when people made a number of amendments to their meal before eating it.

There was a strong commitment by staff to encourage people to have access to a range of drinks; this happened throughout the day. Everyone working at the home, including the registered manager and the provider, would regularly offer drinks and sit with people to make it a sociable occasion. People at risk of de-hydration had their fluid intake monitored and these records showed staff were supporting them to have an appropriate level of fluids.

Some people could tell us they had access to health and social care professionals; we also saw records of visits from people's care records and information in staff communication books. People said their relatives had all the medical care from outside professionals that they needed and that staff quickly informed relatives of any changing needs. On occasions when people had fallen the family had been informed straight away and the home had quickly got treatment for the person, including a hospital stay.

During the inspection, health professionals visited the home and staff consulted with them to ensure they were meeting people's care needs. A health professional said staff contacted their team promptly and appropriately. They said advice was followed and staff monitored people who were at risk of pressure damage. They said they had reminded staff that it was now the responsibility of care homes to purchase appropriate pressure relieving mattresses to ensure the home had the right resources to meet people's changing needs. Reviews took place of people's health needs, such as people's hearing, and where a concern was identified action was taken to support the person. Health professionals visiting the service included an optician and chiropodist. The registered manager and staff recognised changes in people's health and made referrals in a timely manner. For example, working with district nurses to manage a person's long term medical condition. A person said "I'm well looked after".

Good

# Is the service caring?

## Our findings

People looked at ease and relaxed with staff. People showed their affection to staff by hugging them or leaning on them for reassurance. The response of staff showed they felt comfortable with this level of affection. Discussions with staff demonstrated they understood the importance of physical comfort to people, especially those who could no longer express their feelings in words.

Staff were calm and unhurried in their approach to people. They were affectionate, using a gentle touch to reassure people and to communicate with them. They took time to make eye contact to connect with people and explained their approach. For example, one person at teatime seemed a little disgruntled and irritated by staff. However, staff persevered to ensure they provided the person with food and a drink they would enjoy. The registered manager suggested they ate with the person to keep them company but they recognised from the person's body language that this action was not necessarily benefiting them. They moved away and shortly after another staff member engaged with the person and was rewarded by a smile and a brief conversation. This was one of many examples which showed staff were caring and worked as a team who were prepared to ensure everybody living at the home felt part of the home's community.

One person described how they had visited another home after their health had improved but had decided to remain at Pottles Court. Their relative said this decision was influenced by the positive relationships they had with both day and night staff. A health professional had written in praise of the care provided by the staff and stated the 'genuine care and compassion you show is wonderful'. A relative wrote to thank staff 'for all your kindness' and a visiting professional described the team at the home as 'fabulous'. A health professional gave positive feedback about the attitude of the care staff. Throughout our visit we observed small acts of kindness showing staff were attentive and monitoring people's well-being. For example, making people comfortable and placing blankets over people's legs to maintain their dignity when they were moved using equipment.

Staff understood the importance of confidentiality. They were respectful when they spoke about how they supported people living at the home. Staff were observant to people's changing moods and responded appropriately, which was demonstrated through their discussions and records. For example, a staff member walking arm and arm with a person when they became restless and unhappy. During this period, the person became more animated in their facial expressions and engaged in conversation; their body language showed they were less tense and more at ease with others living at the home.

Staff celebrated people's relationships, including the people who lived at the home that were married to each other. One room had been adapted into a private sitting room for them and they shared a bedroom. Their words to each other at lunch, as they chinked their wine glasses showed they were able to express their feelings for each other in a communal setting. Staff were careful to respect people's feelings. They subtly monitored the well-being of people to ensure there were not misunderstandings if people living with dementia spent time with other people living at the home, which could have caused jealousy or distress to their spouses. Staff knew people's history and spoke with people about those they cared about. The registered manager and the provider told us how they were working on ensuring the values of the home included a friendly and welcoming environment which recognised the difference and diversity of the people who used their service now and in the future.

Arrangements were made to involve people in sporting events, such as an FA Cup sweepstake with a team for each resident. A person picked up a photo taken of them on the day they won the sweepstake. They sat and read the information about their win and commented on their appearance in the photo. This engagement went on for several minutes and they commented it was "very kind of them". They took great pleasure from reading the text that accompanied the photo and smiled. Around the home were a number of pictures and pieces of information for people to engage with, books and newspapers were available too. Staff supported people who could not engage with these resources independently.

Good

# Is the service responsive?

## Our findings

One person said they would like to access the garden independently; we discussed this with the provider who agreed improvements could be made to make the secure outdoor space more accessible. Staff told us and records showed that a shed was due to be erected in the garden as part of the 'Men in Sheds' project. There were raised plant beds and photos showed people engaged in planting and spending time outdoors.

Staff had time for people and went to some effort to engage with people and to provide them with both mental and physical activity. As a result, residents were relaxed but alert. A person said "This is a wonderful place…I read the paper, go for a walk, out into the garden…I join in singing and quizzes…I show a lot of interest in them and they show a lot of interest in me…it's very, very nice here..."

The provider told us the culture of the home was to have fun. For example, a quote from the minutes from a residents and relatives' meeting was 'fun remains the big focus along with calm and safe – we are embedding the notion of being proud in what we do all the time...' This approach took many forms including short quizzes and chats about significant events, such as the first man on the moon, or famous people, such as Vincent Van Gogh and Elvis. The provider was skilled at engaging with people and keeping the exchanges light hearted so people did not feel threatened if they were unsure of the answer. There was a lot of laughter and people joked with staff and each other. The provider said they tried to 'think out of the box'. A person said "I like joining in all the quizzes and entertainment and if I don't want to do anything I just say 'I don't fancy it'."

Other staff also organised other activities in the home, which were logged, such as motor bike mayhem day. People were encouraged to take part in purposeful tasks such as gardening or helping in the home, for example hoovering. Music featured strongly in the culture of the home, including a song at the end of the residents' meeting chosen and led by people living at the home. A range of music was played, including Tom Jones, and people responded positively singing independently, singing with staff or by telling us they liked the singer. Staff used music to engage with people and to start up a conversation.

People told us how they had moved to the home; written assessments were in place to show how the registered manager and the deputy manager made sure they could meet the needs of people before they moved to the home. People said staff knew what was important to them, for example their personal routines and how they liked to be assisted. Staff members demonstrated this knowledge when we spoke with them about how they supported people in a person centred manner. For example, recognising when people's mood might impact on their ability to participate in moving and therefore different equipment was used instead, which we saw during our inspection.

People's care records were up to date and held personal information, including people's likes and dislikes, although one staff member said they were still work in progress to make them more person centred. The files we spot checked had been signed by people living at the home. The provider said they were committed to completing the '10 in 10' project at the home. This was to listen to life stories in small 'bite sized chunks' to share memories with people living and working at the home. The provider described the approach as "little ways of reaching people". Care plans showed this work had started and we heard staff incorporating information into their conversations to engage with people. For example, one person had participated in a choir and staff sang with them and praised the person's talent.

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. A folder had been created containing key documents for each person living at the home, as well as personalised information, to inform hospital staff in either a routine or emergency admission. The registered manager said the staff were proud of their commitment to ensure nobody was alone when they accessed health services outside of the home. For example, both the registered manager and a senior had each accompanied different people to the hospital emergency medical department to offer support and reassurance in the early hours of the morning.

People told us how they were offered choice and staff respected their wishes. For example, whether they chose to have a bath or a shower. One person told us how much better they felt after a bath saying "I feel nice and fresh."

Good

# Is the service responsive?

Staff were attentive to ensure they had their jewellery on afterwards; the person's care plan recorded this was important to their sense of identity. One person said they chose to stay in their bedroom as they generally preferred their own company but confirmed staff visited them to check on their well-being. They were also supported on a one to one basis with their social needs, which met their individual preference.

There was clear complaints information on display; people visiting the home said staff were approachable if they had a concern. Staff were quick to respond to people's comments during the day if they were not happy and adapted their approach to reassure them. Complaints, concerns and suggestions were logged and responded to appropriately. There was an audit trail with actions taken to address the concern.

Good

# Is the service well-led?

## Our findings

The provider had not included the recruitment process as part of his quality assurance audits. The registered manager had submitted notifications to CQC but these had not covered all notifiable events in the home, and this had not been identified by the provider in their quality assurance audits. Staff have confirmed these notifications will be completed retrospectively. During the inspection, we discussed the notifiable incidents that linked to people's safety with the registered manager and the provider, and looked at records. We were reassured by the action they had taken in response to these incidents.

However, the provider undertook a number of other audits to monitor the well-being of people living at the home, such as their auditory needs and their experience at mealtimes, which was good practice. The culture of the home promoted a hands-on approach by all of the management team, which included the deputy manager, the registered manager and the providers. On both days of our inspection, one of the providers was on the premises together with the registered manager and deputy manager and other staff members. A staff member said "The team is all about the residents." It was clear that the provider and the registered manager knew people well and the responses from people showed they knew them or felt at ease with them. There was a good rapport between the registered manager and the providers.

The provider was concerned about people's welfare and quality of life and was very much part of the everyday life of the home, as well as leading its development. He was knowledgeable, having spent his career working in mental health, and he was committed to continued professional development both for himself and his team. His links with research projects to promote good care for people with dementia and his contacts within health, adult social care and organisations linked to dementia updated his practice and his staff. This was demonstrated by discussions with staff about in-house training and through newsletters and minutes from meetings.

The home is also part of a peer review group which aims to raise standards in the provision of social care for people living with dementia through the collaboration of a group of independent care homes. The service was also part of the National Care Home Open Day as well as providing a venue for Dementia Friends training. These connections showed a strong commitment to inspire and educate people connected to Pottles Court and people in the local community.

The provider told us the registered manager who joined the service in December 2014 had benefited the home. Staff gave us examples of positive changes which included improvements in paperwork, training and the introduction of a second waking night staff. The registered manager worked alongside staff, which gave him an insight into their performance and people's emotional and physical well-being. This also enabled him to monitor staff performance and provide a role model to less experienced staff. Memos from the registered manager kept staff up to date while also recognising their hard work. Feedback was also given when practice needed to be improved and systems were in place to monitor if change had taken place.

Staff told us the registered manager was approachable and provided guidance and supervision. One staff member described being supported to increase their responsibilities and knowledge through a promotion and further training. Minutes from staff meetings showed how staff were asked their opinion and listened to.

Staff were kept informed in a variety of ways including handovers, supervision, memos and staff meetings. Their practice was observed through spot checks and through formal observations to sign-off their practice, such as their moving and handling skills. Staff competency checks completed by the management team monitored the performance of staff and ensured their practice was safe and caring. This included visits at different times of the day, including a night shift, to help them make a judgment about how people's care needs were met. Our discussions with staff demonstrated their willingness to learn and try new ways of working to benefit the people they supported.

Throughout the inspection, people living at the home showed their appreciation of the care provided by staff by their response to them either in their conversations or their smiles and affection. Visitors were positive about the quality of the staff and one person praised how the support of the deputy manager had helped them. They described her as "warm" in her approach. The provider and the registered manager used time in communal areas to speak

Good

# Is the service well-led?

informally with people about their care and how they were feeling. Minutes from staff meetings and residents' meeting showed how people's opinion was sought about life in the home. For example, their view on their care at night.

During the inspection, a staff member phoned in sick and the registered manager stepped into their role, including cleaning the bedrooms and working alongside care staff. A staff member told us they trusted the management team and said they were "very supportive." Another staff member said "It's a great team, everyone mucks in." All staff attended the staff handover, including the cook, to ensure everyone appreciated each other's role in supporting people's well-being and safety. This reflected our observations of staff practice where there appeared to be no obvious sense of staff hierarchy. Relatives and people living at the home spoke highly of the provider, registered manager and staff saying they were all available and approachable. For example one relative said if they had any problems they'd speak to the owner, the registered manager or the deputy manager.

Information about the home and plans for developing the standard of care was openly shared with people living, working and visiting the home. It was shared in different formats including noticeboards, the home's website, a blog, newsletters and meetings. Minutes were kept and showed how people had contributed to discussions. People were kept informed of changes within the service, such as new staff. Meetings regularly took place involving the people living at the home; some people found it difficult to remember what was discussed but one person said "We discussed all manner of things." They told us a query they had was responded to in the meeting and this had reassured them. Relatives were aware of different ways of keeping informed of the running of the home, and one shared how their suggestions had been listened to and implemented. Meetings involving relatives had been held at different times of the day in response to a request for an evening meeting.

The providers told us they had made a number of changes to the layout of the building over the years. The home was not purpose built but they have endeavoured to adapt the layout to suit the people that lived there. For example, to provide a selection of areas for people to spend time. People moved around the home and chose to spend time in different areas dependent on their mood. The providers and the registered manager discussed the appearance of the home and were considering if changes needed to be introduced further. For example, coloured doors for toilets had been put in place to help people identify them and changes were being considered for corridors. A new carpet had been fitted in the lounge and people had been involved in choosing the colour. Visitors described the appearance of Pottles Court as "homely". The management team advised that bedrooms were routinely redecorated as they became vacant and where necessary replaced carpets and refurbished.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br>People who used services were not protected against the risks associated with unsafe recruitment processes. |