Bupa Care Homes (BNH) Limited

Ashby Court Care Home

Inspection report

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Date of inspection visit:
24 January 2017

Date of publication:
01 March 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
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 carried out our inspection visit on 24 January 2017.

Ashby Court provides nursing and personal care for up to 60 older people and people with dementia and physical disabilities. The accommodation is on two levels and there is a separate unit called the 'Forget-me-not unit' for people with advanced dementia on the first floor. On the day of our inspection there were 50 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and that staff met their needs. Staff were clear on their role to keep people safe and how to report any concerns that they may have.

There was a recruitment policy in place which the provider followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

People were protected from avoidable risks. Risks associated with people's care were assessed and managed to protect people from harm. Regular safety checks had been carried out on the environment and the equipment used for people's care to ensure that they were safe.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to do their role was regularly assessed.

People were not always supported in line with the requirements of the Mental Capacity Act 2015. Where people were assessed as lacking the capacity to make informed decisions it was not clear how best interest decisions had been made on their behalf.

People enjoyed the meals provided and where they had dietary requirements, these were met. Records did not reflect that people were offered adequate drinks to maintain their health and wellbeing.

Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

People's independence was promoted and people were encouraged to make choices. Staff treated people

with kindness and compassion. Dignity and respect for people was promoted.

The care needs of people had been assessed and were regularly reviewed to ensure they continued to be met. Staff had a clear understanding of their role and how to support people who used the service.

People were supported to pursue their interests and access the community.
Complaints were addressed in line with the provider's policy. People were given opportunities feedback about the service they received.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have.

Systems were in place to measure the quality and care delivered so that required improvements could be identified and addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. The staff team knew how to keep people safe from harm.

Risks associated with peoples care needs were assessed and action taken to prevent harm. Regular safety checks had been carried out on the environment and the equipment used for people's care.

People's medicines were managed so that they received them safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not always supported in line with the requirements of the Mental Capacity Act 2015.

Staff received appropriate training and supervision to enable them to meet the requirements of their role.

People were supported to maintain good health. People enjoyed the meals provided and where they had dietary requirements these were met. Records did not record accurately that people were offered enough to drink.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and understood that they should be treated with dignity and respect.

People felt listened to and that they mattered. Staff understood people's individual needs.

People's independence was promoted and encouraged.

Is the service responsive?

Good

The service was responsive.

The care people wanted was assessed and reviewed regularly to ensure that it met people's needs.

People were supported to follow their interest and remain active.

Feedback from people who used the service and visitors was actively sought. People were aware of the complaints procedure and felt able to raise any concerns.

Is the service well-led?

Good

The service was well led.

People and staff felt the service was well led and had confidence in the registered manager.

Systems were in place to monitor the quality of the service being provided and drive improvements.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Ashby Court 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.

We undertook an unannounced inspection of Ashby Court on 24 January 2017.

The inspection team consisted of two inspectors, an inspection manager, a specialist nurse advisor and an expert by experience. 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 spoke with eight people and two relatives of people who used the service. We also spoke with a person's friends who were visiting them on the day of our inspection.

During our inspection visit we spoke with staff members employed by the service. This included the chef, an activities coordinator, a catering assistant, two nurses, the deputy manager and five care workers. We also spoke with the registered manager. We looked at the care plans and care records of eight people who used the service at the time of our inspection. We looked at four staff recruitment files to see how the provider recruited and appointed staff. We also looked at records associated with the provider's monitoring of the quality of the service and staff training.

We observed care and support provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. 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 talk with us.

Before the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We contacted the local health commissioners who had funding responsibility for some of the people who were using the service. Following our inspection we

spoke with two health professionals who had regular input in the home.

Good

Is the service safe?

Our findings

People told us that they felt safe at Ashby Court. One person said, "Yes, I just feel safe." Another person told us, "Yes [I feel safe]. It's just the general environment and the staff." People's friends and relatives agreed that they felt people were safe. Comments included, ""[Person using the service] is safe here, much better here than in her own home." "[Person using the service] is safe here and he has company."

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at four recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Staff were aware of how to report and escalate any safeguarding concerns that they might have within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would report it straight the way to the nurse in charge or the manager I feel they would deal with it." "I have never seen anything to concern me."
The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Regular servicing on equipment used was undertaken. This was to ensure that it was safe. The help that people would need if there was a fire had been formally assessed. People and staff had practiced the actions they should take in case of a fire. Records reflected that fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event. Window restrictors were in place on the first floor to prevent the risk of people falling from highs. We asked the registered manager to review the safety of the restrictors to ensure that they were sufficient to prevent the risk of falling. They assured us that they would do so immediately following our inspection.

We reviewed people's plans of care and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. These assessments enabled staff to identify risks to people's care and provided the guidance for staff on how to minimise the impact of these risks. People's risk assessments had been reviewed regularly and updated to reflect any changes. For example if a person had become at an increased risk of falling. Staff were required to record the measures that they had taken to reduce the risk of people developing problems with their skin. We saw that these were not always completed. This meant that there was a risk that people were not receiving the support that they needed to maintain their skin. We pointed this out to the registered manager who told us that they would take action to ensure that the records were kept up to date and checked regularly.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond to accidents or incidents. We saw that accidents were investigated and changes made to peoples care plans as a result of the accident or incident if required. For example the introduction of specialised equipment to prevent people from injuring themselves if they fell. The registered manager had systems in place that enabled them to look for trends in incidents or accidents.

People told us that there were usually enough staff to meet people's needs. Comments included, "They come pretty quick", "There's plenty of them. It amazes me" and "Yes. There are enough." However, other people told us that staffing levels were not always appropriate. One person said,
"I would like to say they need more staff." Another person told us, "The only thing is, if you want a nurse, you've got to wait and wait and wait." Staff gave mixed feedback about whether there were enough staff to meet people's needs. One staff member said, "Yes, I feel there are enough staff on duty to meet people's needs." However, other staff disagreed. One staff member told us, "In the residential side there are a couple of people who need two people, and there is only one carer and a senior. A number are also a falls risk. When the senior is doing the meds it is hard." We saw that concerns about staffing numbers had been raised by staff at a pervious team meeting. The registered manager calculated the homes staffing requirements and reviewed these monthly. They told us that staffing levels were appropriate to meet the needs of people who use the service. They told us that staff were deployed to ensure that people who required the support of two staff would receive it without this impacting on other people. They assured us that they would ensure all staff were made aware of how staff were allocated to their duties so that the needs of all of the people using the service were met. We observed that staffing levels were adequate to meet people's needs on the day of our inspection.

People could be assured that they received their medicines as prescribed by their doctor. One person told us, "Yes. They're very careful with them." Medicines were stored securely. We saw that medication administration record charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Where people had PRN [as required] medicines there were protocols in place for most people. We did see that one person did not have a protocol in place. We pointed this out to the nurse in charge and registered manager. The informed us that they would ensure a protocol was put in place immediately. This was important so that staff had clear guidance about when they should give the medicines. We saw that a stock check of medicines was taken regularly. Staff had received appropriate training before they were able to administer medicines to people. Their practice was monitored to ensure that it continued to be safe.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "They [staff team] are very good, excellent, they look after me well." Another person said, "I think they're well trained."

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. One staff member told us, "I've done all of my training, NVQ3, moving and handling and safeguarding." Staff confirmed that they shadowed more experienced staff members before they supported people on their own so they could understand their support requirements. We saw training records that confirmed this. New staff were required to complete induction training which followed the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. As part of their induction we saw that staff's understanding and competency to complete each aspect of their role was assessed. Staff received regular training refreshers to ensure that they their knowledge was kept up to date. We saw that some courses were overdue however the registered manager assured us that these had now been booked and staff were due to attend over the next months.

Staff were supported in their role. One staff member told us, "We have supervisions, about four a year, I have just had mine with [nurse] each nurse is responsible for a number of carers." We reviewed staff supervision records and saw that staff had received support through supervisions with their line managers.

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 Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff were able to demonstrate that they had an understanding of the MCA. One staff member told us, "It's about helping them to make decisions that are best for them, in their best interests. People can make basic decisions. We should never assume that people lack capacity to make decisions." We saw that there was reference to people's ability to make decisions in their care plans. Where people's capacity to make decisions changed depending on their circumstances for example the time of day or their mood this identified. However, it was not clear what action had been taken to gain people's consent, when they were most able to make decisions or how best staff could support people to make informed choices.

The registered manager had applied to DoLS for people for whose liberty was being deprived. We saw that were there were conditions to these authorisations that these were being met. We did see that one person's

safety needs had changed and as a result they were being supported with bed rails when they were in bed. The registered manger told us that the person was unable to consent to the bed rails having been put in place. As such the use of bed rails should have been recognised as a restriction of the person's liberty and therefore authorisation of their use requested under DoLS. Authorisation had not been applied for. We saw that another person was supported in bed with rails to prevent them falling. Their consent to the use of these rails had not been sought. The registered manager told us that they would review the use of bed rails for all people using the service to ensure that they had been consented to in line with MCA requirements. Where people had been assessed as lacking capacity to consent to aspect of their care it was not always clear how best interest decisions had been reached and if the relevant people had been consulted. This had been identified as an area of concern during the provider's quality audit that took place in December 2016. The registered manager told us that all care plans were being reviewed to ensure that they reflect best practice with regard to MCA and all staff were booked to received additional training to enhance their understanding.

Staff asked for people's consent to provide care to them. People confirmed this. One staff member said, "I always ask permission before I do any personal care." They went onto say, "We act in their best interest, I explain what I am doing and if they don't want to get up I leave them and then go back." People's care plans prompted staff to ensure that they gain people's consent before providing care.

People's health care needs were met. One person told us, "The doctor's here every Wednesday if you want it. The chiropodist comes once a week. I go out for the optician." Another person said, "You've only got to tell the carer and they'll arrange for him to come and see you." We saw from people's records that health professionals were contacted in good time when required. A health professional that we spoke with confirmed this. The records that the service kept with regard to health professional input were clear and in depth. Staff were clear on the information within these records and used them to ensure that people received the care they required. For example, if people required their drinks to be thickened to make them safe for them to drink. When people needed emergency care this was usually sought in a timely way. One staff member told us, "When someone has an accident we call the emergency bell and wait for the nurse to arrive, them if necessary we ring 999." We had been made aware after our inspection that an investigation into a person's unwitnessed fall had resulted taken place and that delays in informing the family and seeking medical attention had been identified. Where people had experienced issues with their skin, the care that they received was not always recorded as being provided in line with best practice guidelines. The registered manager had identified this and had implemented support and training from nurses to ensure that people's skin remained healthy.

People were supported to have enough to eat and drink. People spoke positively about the food provided. Comments included, "Yes. I think the food's first class", "Mealtimes are alright", "It's quite good. We get menus", "It's alright. I like it" and "The food's good." People were offered a choice of what they wanted to eat from a menu. We saw that where people didn't want what was on offer and they were asked what they would like. Alternatives were offered and provided at people's request. The chef told us that they understood that it was important to ensure that people were offered alternatives particularly when they were at risk of not eating. They said, "It's better to get something down them." They told us that people were offered a choice of hot or cold breakfast items daily. They were able to tell us of people's preferences. For example, one person was particularly keen on chocolate eclairs so the chef ensured these were always available.

We observed people having their lunch in the main dining room and on the Forget – me – not unit. We saw that people had mixed experiences. Some people were supported into the dining room but waited for up to half an hour before they had their meal. In the main dining room, tables were appealingly laid with salt and

pepper available. However, this was not the case in the Forget-me-not unit. We did see that people were not always offered the opportunity to make choices about their meals. For example, we saw that gravy was automatically added rather than asking the person if they wanted some. During our observations of meal times we found that some people who would benefit from encouragement to eat were not always offered this. As a result some people did not eat much of their meals.

We observed that drinks were regularly provided. One person told us, "Yes. Whenever you want a cup of tea you can have one." Another person said, "You can have whatever you ask for." Records relating to people's food and fluid intake were not always maintained. We saw that where people had been identified as being at risk of dehydration staff were required to record what they had drunk. This was so the amount could be monitored. We saw that records relating to people's food and fluid intake had not been completed throughout the 24 hour day. For example one person's record indicated that they had not been offered drinks after 5.30pm until the following morning. Care staff confirmed that this was not the case and that people were offered drinks and snacks throughout the day and night. The registered manager told us that they would review the way that staff completed these records and take action to ensure that they were accurately maintained.

People who were at risk of weight loss were weighed regularly and if required referred to dieticians for assessment and support. Staff were clear about which people required support to maintain their diet and fortified foods and drinks were offered to the people who required them. Where people required specialised diets, such as pureed foods these were provided and kitchen staff where knowledgeable about which people required these diets.

Good

Is the service caring?

Our findings

People were treated with kindness. People told us that were friendly and caring. One person said, "Yes. They give you a nice smile and ask 'Are you alright?'" Another person said, "The carers are very caring, I have no concerns." People's relatives agreed. One relative told us, "The staff are very nice and they know him. I am pleased with the care."

People told us that staff were respectful. One person said, "Yes. They're all very courteous and very good." Another person told us, "I don't worry about anything." We observed that staff treated people with respect throughout or inspection visit. People's care plans informed staff how to address people in their preferred manner. We did see that information about two people's dietary needs was displayed in a public area. We informed the registered manager who advised us that they had removed this personal information immediately.

People's dignity was maintained. Comments from people included, "They knock the door and they're very kind and thoughtful at bath time." "They'd knock the door. They're very good" "Yes. They leave me alone. If they know I'm in my room, they knock very carefully before they come in." A staff member told us, "I ask them if they mind a male helping them. I always cover them up as best I can." Not everyone that we spoke with told us that they had been asked if they preferred support from male or female staff. However, we saw within people's care plans and when their care needs had been assessed that they had been offered a choice regarding the gender of staff that would provide their care.

People were supported to maintain their independence. One person told us, "Yes, if you're able to do it they're quite happy to let you. That's the way it should be." Another person said, "Yes. I make sure I'm nice and clean in the morning and I get dressed in my bedroom" A third person told us, "I'm not forced to, but I do it if I can." A staff member told us, "I promote people's independence and get them to do as much as they can for themselves." People's care plans guided staff on things that they were able to do for themselves and the things that they required support with. The registered manager told us that people's independence and health had improved as a result of staffs support and input. This had resulted in people who had previously been very limited in their mobility to become more mobile and as a result be able to do more for themselves. In these ways people's quality of life had improved.

People's friends and relatives were able to visit them at Ashby Court without undue restrictions. We saw from the visitor's signing in book that relatives visited the home throughout the day and evening. Visitors we spoke with also confirmed they could visit any time they wanted to. Comments included, "We are always made welcome when we come, we can come any time and every day" and "The staff are very nice, they welcome us and always offer us a drink." We saw that one person was visited regularly by their spouse who also brought their dog to visit. We also saw that people's relatives were invited to join them for lunch at the home. The registered manger told us how staff members support people who do not have relatives or regular visitors. This included ensuring personal items were purchased for them or helping people to achieve their goals.

People were offered the opportunity to visit the home prior to deciding if they wished to become a resident at the home. They were invited to join in on activities or have a meal to help them with the transition to becoming a resident. Other people using the service were encouraged to act as a person's 'be-friender' in order to help them settle in and answer any questions they may have.

People were supported in a manner that was unrushed and by staff that knew them and their needs. We observed that staff team spent time talking with people and made sure people had the things that they needed. During our observation one of the people using the service came into the lounge just before lunch. They were clearly distressed. The staff team sat with them and talked with them until they calmed, they then made them a cup of tea. There was a relaxed atmosphere throughout the unit;

Everyone that we spoke with told us that they felt listened to. Comments included, "Yes. That's one plus point I'd give to 95% of them" and "Oh yes, I say 'I don't want to hold you up' and they say 'it's alright. Finish what you want to say.'" Staff took time to find out what was important to people. One staff member told us, "I ask people what they would like." They went on to say, "We learn their likes and dislikes, talk to the family and read their care plan when you get a chance." A person confirmed this. They said, "They come and have a chat with you and see what's worrying you." Staff were provided with guidance about people's communication needs, for example if people needed support with their hearing aids in order to hear and be actively involved in communication. People had been provided with information about how to access advocates and the service had referred some people to independent advocates. An advocate is a trained professional who can support people to speak up for themselves.

We saw that there was good signage within the building to aid orientation such as pictures on bathroom doors. We saw that for people living in the 'Forget-me-not' unit there were memory boxes outside each person's bedroom. These contained items or photographs that were familiar to people to help them recognise their bedrooms as their own. We saw that menu's were available to people in written form so that they could make meal choices.

The registered manager told us that they were starting a 'dementia cafe' over the coming months to help people's relatives find out more about dementia and talk about how it affects their relatives. They also told us that they worked closely with other agencies to help people and their relatives deal with bereavement.

Good

Is the service responsive?

Our findings

People told us that their care needs were met. One person said, "I'm so well looked after." Another person said, "The patients are looked after well. It's supporting the people living in it. It's quite a good set up, a nice set up. The staff are good here, they're there when and if needed." Staff understood about people's individual needs. One staff member told us, "We follow the care plans and the nurse's instructions." We spoke with a health professional who told us that people appeared to be supported in line with their agreed care needs.

People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. A health professional told us, "Normally the care plans are adequate." We reviewed people's care plans and found that they did not always give made clear how staff could support people with their needs. For example, we saw that one person experienced increased anxiety. Their care plan guided staff to administer medication to the person to help them to become calmer when their anxiety was high. However, it did not guide staff on other ways to reassure the person to help them manage their anxiety.

We saw that people's care plans were reviewed monthly to ensure that the information contained within them was up to date. We noted that the changes to people's care needs were documented within the monthly reviews however care plans were not always updated to reflect the changes. For example we saw that one person's care plan stated that they had a catheter to help them pass urine. It was clear within the monthly reviews that the catheter was no longer required and had been removed but the care plan had not been updated to reflect this. This meant that staff were not given clear guidance about how to support the person with their continence needs. We pointed this out to the registered manager who told us that they had identified this as a problem and were in the process of updating people's care plans to reflect the changes.

The support that people required was assessed before they started receiving care. People's relatives were involved in planning their care and advising staff about what was important to people. For example, we saw that people's relatives had provided family trees. Some people felt that they had been involved in the planning and reviewing of their care however others did not. It was recorded in people's care plans how they had been involved and what input they had had. We asked the registered manager about how people contributed to the planning of their care. They told us, "During an admission relatives and residents are involved in building the care plan, during monthly reviews residents are consulted about their care plans and a discussion is held to ensure all is relevant to that person." They also went on to tell us that some people choose to not take part in monthly reviews. We saw that relative log sheets were in place to record when people's relatives had been spoken with regarding people's care, where this was appropriate.

Most people were supported to remain active and follow their interests. One person told us, "I like the quizzes." Another person told us that they regularly enjoyed: "Magazines and knitting." We saw that people had daily newspapers delivered to them at the home. Some people told us that they did not access the activities as they did not find them interesting or stimulating. For example, one person told us, "There's very

little I'm interested in here." We saw that the activities co-ordinator was in the process of assessing people's preferences and offering activities suited to their wishes. During our visit we observed them asking a group of people if they wanted to attend a community café. The majority said that they were not interested. We observed the activities co-ordinator ask people what they would prefer instead and offered ideas and suggestions to help them decide.

Throughout our inspection we observed people engaging in activities that they seemed to find enjoyable and stimulating. We saw that a time table of planned activities had been put together and was displayed so that people could know what was on offer. The gardens had been developed in to make them more accessible and interesting to people who used the service. A bowling alley had been installed in the grounds and people using the service took part in matches.
People also received regular one to one time with the activities co-ordinators to enable them to discuss their preferred activities and engage in them without the distraction of other people. People were supported to maintain links with the local community. Members of public were invited into the home for meals or social events. The registered manager told us that people had benefited from this as they enjoyed reminiscing about familiar places or events.

People were supported to practice their religion in the way that they wanted to. One person said, "The church come in." Another person told us, "They come here (from church) and that's nice. Someone will come and have a talk with us or me alone." We saw that regular church services took place in the home. We were told by the registered manager that people's religious and cultural needs were taken into account when they were assessed to move into the home and that any needs are met.

People felt able to raise concerns and make complaints if they needed to. Comments from people included, "I'd identify one of the senior members of staff and have a word." "I could talk to the staff here." "It depends on the nature of the concern. I'd pick the right member of staff and go to the top." The provider had a complaints policy that people and their relatives had access to. We saw that when a complaint had been received it had been handled in line with the provider's policy. Complaints had been investigated and action taken to resolve the concern. If appropriate the provider had issued an apology. Complaints had been used as an opportunity to learn and improve the service.

People were asked for feedback about the service that they received. We saw that where people had given feedback the registered manager had taken action. We saw that as part of the annual survey a request had been made to have some sort of exercise class on a regular basis to encourage movement and wellbeing. As a result a yoga instructor organised to visit every two weeks. During our inspection we observed doing armchair exercises with the activity co-ordinator. People appeared to be enjoying these activities. A staff member told us, "We do chair exercises on a daily basis." There was a dining experience comments book in the dining room that people could use to feedback. The last entry in this was recorded in December 2016 and was positive.

People gave mixed feedback about how they were communicated with and their opinions sought. Some people told us that they were asked about the menu. Another person confirmed that they had been involved when the provider was redecorating the lounge. One person said, "We were told the room was going to be done." Another person told us, "They ask if you're satisfied with the food and day to day things." Other people told us that they did not feel that they had been consulted about changes to the service or their opinions asked. One person told us, "Not really." when we asked them if they were consulted. Another person said, "They don't ask." We saw that people had been kept informed of events that happened within the home through residents and relatives meetings.

The registered manager showed us meeting minutes from residents and relatives meetings that had taken place. These were well advertised however a number of people told us that they were unaware of them or they were infrequent. Comments included. "They don't do it very often." "I don't think I've had one here" "Not that I know of." We saw these were attended by people using the service and their relatives. Minutes reflected that during these meetings the registered manager had informed people of events that had taken place in the home. These included feedback from professionals visits, changes to staffing personnel, upcoming activities and events and reminding people of the channels they could use to feedback to the registered manager, including use of the suggestion box.

The activities co-ordinator had introduced a monthly newsletter. People were invited to contribute to the newsletter. We saw that the newsletter contained information about upcoming events, facilities on offer such as a visiting hair dresser and an article about the registered manager.

Good

Is the service well-led?

Our findings

People told us that they felt the service was well led. One person said, "I don't think I could do any better than here." Not everyone that we spoke with knew who the registered manager was but those who did spoke highly of them. One person said, "Yes. I see her whenever I need to." Another person said, "She's a lovely woman." A health care professional that we spoke with told us that all staff including the registered manager was, "Always helpful." They went on to say, "We have a good report with them." The registered manager told us that they offer people and their relative's regular opportunities to meet with them if they want to discuss any aspect of the home or their care.

Staff told us that they felt supported. One staff member said, "I do feel supported." They went on to say "I feel fully informed and very confident to work here. There is always someone available, the manager is very approachable." Another staff member said, "I enjoy it, the manager is approachable and I feel supported by the management team." Staff's contribution to the running of the home was encouraged and celebrated. The service identifies 'an everyday hero' amongst the staff team to acknowledge staff's good practice and input.

Staff had a clear understanding of the homes aims and objectives. One staff member told us, "To provide the best care possible, to keep people safe and make it their home, make it personal." Staff were given clear guidance when they started working for the service on what their roles and responsibilities were and how to follow the providers policies. Nursing and senior staff met weekly to review each person's care and ensure that they had systems in place to ensure that people received the care that they needed. Where risks to people's health or care needs had been identified the senior team reviewed the care in place to ensure that it was suitable to reduce the risk. The registered manager ensured staff meetings took place regularly. During these the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. We saw that staff had the opportunity to raise concerns about the service and that these were responded to by the registered manager.

People had been involved in the development of the service. The registered manger told us that some people had been offered the chance to be involved in the recruitment of new staff in the past but that people were not currently keen to take part in recruitment. They told us that they would continue to offer people this opportunity. The registered manager told us that people had also been involved in the redevelopment of the home's garden area. We saw that people had been activity involved in the planning and re-development of a lounge area. A specific meeting had been set up in order to involve people using the service and ensure that people were involved and their ideas sought.

People told us that the service continued to improve and make changes for the better. One person said, "Yes. It tries hard to and does a good job looking after the patients." Another person told us, "Oh, yes. They've made all this lounge new. There's all new suites and carpets and the fire's new." We saw that Forget-me-not area was being developed in line with current guidance to make it more stimulating and comfortable for people living with dementia. During our inspection and following our visit we made the registered manager aware of areas that we felt they should address or consider improving. For example,

where we found that piece of equipment had not been cleaned in line with the providers agreed timescale. The registered manager told us what action they would take to address each area immediately and also in the longer term to ensure that practice was improved as a result of our feedback. This demonstrated that the registered manager accepted feedback in a positive manner and took action in order to continually improve the service.

The registered manager had systems in place to ensure the quality and safety of the service. We saw that they conducted weekend and night time 'drop-ins' these were intended to check that the quality of service was maintained during these times as well as provide support for staff who worked on these shifts. Systems were in place to audit the care practice within the home and check the smooth running of the service. For example, ensuring the health and safety guidance was being followed and medication systems that were in place were effective. Some audits had not identified some issues that we found. For example, checks on the first aid boxes had not recognised when items were missing or out of date. We pointed this out to the registered manager who addressed this immediately. We also saw that senior staff were required to check and sign off people's repositioning charts and food and fluid charts. This was to ensure that they had been completed correctly and that people were receiving the care that they needed. We found that there were gaps within these records however they had been signed by the senior as completed. We pointed this out to the registered manager who assured us that senior staff would receive additional support and training to ensure that they completed the checks correctly. They also told us that they would have a greater oversight of the records in future.

The provider conducted regular audits of the home's systems and practices. This was to highlight where the service was meeting people's needs and to identify any areas for development. The provider's quality audits been effective as it had recognised that the service was failing to meet the required service with regard to how wounds to skin were managed. As a result the registered manager had implemented a group supervision with nurses to ensure that they were clear on what the expectation was and how it could be achieved. We also saw that in a December 2016 audit it was identified that staff were not consistently completing people's positional charts. It had also found that food and fluid charts had not been completed for some people during the night. This was also reflected in our findings. The registered manager told us that additional training and review of how staff complete the records has been booked to address these issues.

The provider has a duty of candour policy. Duty of candour is a requirement of providers to act in a way that is transparent and open. We saw that the provider's policy was followed for incidents that had occurred in the home. It was not always clear from some incident reports if the duty of candour process had been followed. For example if the incident was not significant enough to meet the threshold of the provider's duty of candour policy. We discussed this with the registered manager who told us that they would review incident reports to ensure that all incidents were recorded as being managed under the policy moving forward.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken. We saw that some incidents had been reported to us as an injury and had also been reported to the local safeguarding authority. The registered manager told us that they would notify CQC when an injury was also reported to the local safeguarding authority. They asked us for further guidance about how they should inform us of these cases, which we provided them with.