

Lower Green Limited

The Priory Care Home

Inspection report

Greenway Lane
Chippenham
Wiltshire
SN15 1AA

Tel: 01249652153
Website: www.thepriorycarehome.co.uk

Date of inspection visit:
26 April 2016
04 May 2016

Date of publication:
08 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection over two days on 26 April and 4 May 2016. The first day of the inspection was unannounced. During our last inspection to the service in May 2013, we found the provider had satisfied the legal requirements in all of the areas we looked at.

The Priory Care Home provides accommodation and care for up to 24 older people. There was a registered manager 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 registered manager was present throughout the inspection.

Staff knew people well and were knowledgeable about their needs. However, care plans did not reflect this knowledge and did not clearly show people's needs and the support they required. The registered manager had identified this was an area, in need of improvement. As a result, they were implementing a new care planning format, which was expected to be clearer and more person centred.

The registered manager confirmed staff were competent in their role but had not undertaken up to date training in all areas of their work. A new training provider, which met the needs of staff and the home, had been sourced. Training courses were being arranged and staff training and development plans were in the process of being developed.

Staff said they felt valued and were well supported by each other and management. Staff received informal support on a day to day basis and met with the registered manager more formally to discuss their work. Staff worked well as a team. They said systems such as informal discussion, regular handovers and staff meetings, ensured good communication between each other and with management. Staff were aware of their responsibilities to report a suspicion or allegation of abuse and any poor practice they noted. However, the appraisal system to review staff's strengths, weaknesses and further development was not taking place, as detailed within the home's policy.

People's medicines were safely managed although records did not show topical creams were always applied. People were able to tell staff when they needed their "as required" medicines but protocols for these medicines were not in place. All medicines were stored securely and administered in a person centred way.

Systems were in place to monitor the quality of the service. However, these were being developed to ensure all areas of the home were addressed. Accidents and incidents were effectively analysed to identify potential trends and minimise further occurrences. A daily walk around of the environment took place and staff were encouraged to identify and report any potential issues.

People and their relatives were happy with the service they received. There were many positive comments

about staff, the overall care provided and the management of the home. People told us they felt safe and were able to follow their preferred routines, without restrictions. They said there was an emphasis on social activity and community involvement, which they enjoyed. People told us they enjoyed the food provided and had enough to eat and drink. People were offered a range of meal choices and snacks, based on their preferences.

People and their relatives were encouraged to give their views about the day to day management of the home. This was through informal discussions, "resident" meetings or the completion of formal surveys. People and their relatives knew how to make a complaint and were confident any issues would be appropriately addressed. They said there were always staff available and they received assistance quickly, when required. Staff and the registered manager confirmed sufficient staff were deployed to meet people's needs effectively.

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 received their medicines in a safe manner but records did not show topical creams had always been applied. Information did not detail how staff should administer "as required" medicines, to ensure maximum effectiveness.

People felt safe and potential risks to their safety had been identified. There were systems in place to protect people from abuse.

Safe recruitment practices were in place and sufficient staff were deployed to meet people's needs effectively.

Is the service effective?

Good ●

The service was not always effective.

Staff were aware of people's needs although not all had undertaken up to date training in relation to all of their work. This was being addressed and a new training provider had been sourced.

People were supported by staff who were valued and well supported.

People had sufficient to eat and drink. There was an emphasis on variety, choice, fresh produce and personal preference.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the care they received and were complimentary about the staff team.

People were supported by staff who showed a kind and caring approach.

Staff knew people well and promoted their rights to privacy and dignity.

Is the service responsive?

The service was responsive.

Staff were aware of people's needs but this knowledge was not consistently documented within care records. A new care planning format was being introduced and discussed with staff.

Staff were responsive to people's needs and interacted with people well.

People and their relatives knew how to make a complaint and were confident any issues would be appropriately addressed.

Requires Improvement 

Is the service well-led?

The service was well-led.

There were many positive comments about the registered manager, the provider and overall management of the home.

A quality auditing system was in place. However, not all areas of the service were assessed, which increased the risk of some issues being missed.

People and their relatives were encouraged to give their views about the service they received.

Good 

The Priory 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.

This inspection was carried out over two days on the 26 April and 4 May 2016. The first day of the inspection was unannounced. During our last inspection to the service in May 2013, we found the provider had satisfied the legal requirements in all of the areas we looked at.

The Priory Care Home provides accommodation and care for up to 24 older people.

This inspection was undertaken by one inspector 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. In order to gain people's views about the quality of the care and support being provided, we spoke with seven people, five relatives and one health/social care professional. We spoke with six staff and the registered manager. We looked at people's care records and documentation in relation to the management of the care home. This included staff training and recruitment records and quality auditing processes.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We asked the provider to complete a 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. The PIR was received on time and fully completed.

Is the service safe?

Our findings

People's medicines were administered, stored and disposed of safely. However, staff had not consistently signed the medicine administration record (MAR) to show they had always applied people's topical creams. The registered manager told us they had identified this and believed it was a recording issue, not an omission of practice. The instructions for use included "apply as needed" or "apply as directed". This did not provide staff with sufficient information to apply the creams correctly, as prescribed. Some people were prescribed medicines to be taken "as required". There were no protocols, to inform staff how these should be administered, to ensure maximum effectiveness. The registered manager told us they would address this, although believed people would ask, if they needed such medicines or their topical creams, due to having capacity to do so.

A monitored dosage system was used to store people's medicines. A monitored dosage system is a storage system designed to simplify the administration of solid, oral dose medicines. The medicines were orderly kept in locked trollies, which were securely attached to the wall. Any medicines with a short shelf life had been dated when opened. This ensured the medicines were safe to use. Staff gave people their medicines in a person centred way. They appropriately observed people taking their medicines before signing the medicine administration records. Staff told us only those trained and competent to do so were able to administer people's medicines. One member of staff told us they "shadowed" a more experienced member of staff and were monitored on a number of occasions, before administering medicines on their own.

People told us they did not take many medicines but staff assisted with these, in an appropriate manner. One person told us "I could manage my medicines myself but I haven't got the energy to do it anymore. Staff bring them to me without fail, like clockwork". Another person told us "they do my eye drops for me and always ask me if I want them done now or later. They give me time to get myself comfortable and they're quite efficient at doing it now". Another person told us "I have a water tablet and they give it to me in the morning so I can decide when I want to take it, dependent on what I'm doing. I lock it away so it's safe but it's good they let me do it like that. I don't want to be worried about finding a toilet if I'm out, so I usually take it when I get back".

People told us there were sufficient staff to meet their needs effectively. One person told us "there is always someone around. They walk by regularly and pop their heads in to make sure I'm ok". Another person said "there are enough staff, definitely. It's nice, as they have time to chat. There might be busier times but there's always someone available to help if you need it". One person told us "if you use your call bell, they're here in a flash. You can also just call them, as they walk by. They'll always help you". Another person said "they are where you want them to be, if you need help". Relatives told us they had no concerns about the number of staff available to assist their family member. One relative said "the staff are always around, always cheerful and ask if you'd like a drink. It's always very relaxed and they never seem to be rushing. It's always very calm". Another relative told us "what I like is that they have time to chat. They're not always busy doing things. They have time for people".

Staff and the registered manager told us the staff team was sufficient to meet people's needs effectively.

They said there were three care staff and a senior carer on duty each day. In addition, there was a team of ancillary staff including a housekeeper, cook and kitchen assistant, an activities organiser and maintenance person. Records showed these staffing levels were consistently maintained. The registered manager told us the staff team was stable and very reliable. They said staff were very willing and covered each other at times of staff sickness or annual leave. They said agency staff were rarely used, which enhanced consistency for people.

People told us they felt safe. One person said "feel safe? Without question. All visitors have to be let in, so we wouldn't get any strangers wandering around. It's very secure". Another person said "I do feel safe. There is always someone around to help you if you need anything. That makes me feel safe. You don't have to struggle and they help you with a shower or a bath, which gives me confidence that I won't fall". Another person told us "I have total peace of mind. Every time I lie in bed at night, I think how lucky I am. I don't need much care but staff are always around if I need anything".

Relatives told us they had no concerns about their family member's safety. One relative told us "X is definitely safe here. I have no worries at all about their safety". Another relative told us "I found it so difficult in the beginning. I used to visit twice a day to make sure X was alright. The owner then spoke to me and said "we will look after X, I promise". I will always remember it. They told me I was welcome to visit whenever I wanted to but said "why don't you come once a day and then maybe every other day?" It was hard but I started to do this and now I don't have any qualms at all. X is definitely safe and I have my life back". Another relative told us "I don't worry about X at all, as I know they will call me if I'm needed. They wouldn't be here if I was worried. If I had concerns or they weren't happy, I'd move them somewhere else, but I don't need to think about that".

Staff were aware of the responsibilities of recognising and reporting any suspicion or allegation of abuse. They told us they would either report their concerns to the registered manager or the owners. One member of staff told us "as long as we report it, it doesn't matter who we go to". Another member of staff said "I'd go to the manager straight away. If they're not on duty they would be available by phone and they would come in. I know they would". The registered manager told us they regularly spoke to staff about safeguarding people. They said more formal safeguarding training was in the process of being arranged. Staff had access to written information about safeguarding and contact details of people to call, if they had a concern.

Risks to people's safety had been properly identified and addressed. The environment was well maintained with no potential hazards. Daily checks identified potential issues. This included the need for a new mat in the entrance hall, to minimise the risk of trips and falls. Equipment was serviced to ensure it was safe to use and systems such as water temperature monitoring, was regularly undertaken. This minimised the risk of excessive or unpredictable water temperatures, which could cause scalding. Assessments had been undertaken in relation to people's risk of pressure ulceration and malnutrition. Further assessments related to particular tasks staff undertook.

The registered manager told us since their appointment, they had not needed to give great focus to recruitment. This was because the staff team was stable and there were no immediate vacancies to fill. The registered manager told us they had recruited one new member of staff but would be looking for more in the future. This was to increase staff flexibility and to further enhance care provision. The registered manager was clear about the qualities they would be looking for, when appointing a new member of staff. Records were organised and showed clear recruitment processes were followed. This included gaining information about the applicant, checking their identity and ensuring they were suitable to work with vulnerable people. However, one record was discussed with the registered manager, as an assessment related to potential risk was not in place. The registered manager told us an assessment had been undertaken and control

measures were in place, although not documented. They said they would address this without delay.

Is the service effective?

Our findings

There were some certificates in personnel files to show the training staff had completed. More recent training included food hygiene, moving people safely and fire safety. However, there were no certificates to show staff had undertaken up to date training in safeguarding, infection control, first aid, the Mental Capacity Act or conditions associated with older age. The training policy stated all staff should have a personal development plan, in which their training needs were identified. The policy also stated all development plans should show how staff's training needs would be met. This information was not in place.

The registered manager told us staff had the knowledge and were aware of people's needs but had not received updated training in all areas required. They told us they were addressing this and had just found a new training provider, which would meet the needs of staff and the home. The registered manager told us they were in the process of drawing up a plan regarding the training staff required. They said training courses would then be arranged in order of greatest priority. The registered manager told us once this was completed, a training matrix would be developed. This was a record which showed all training staff had completed and when refresher sessions were due.

Whilst records showed not all training had been undertaken, staff told us they were happy with what had been provided. They said they had undertaken a range of mandatory subjects such as safeguarding, fire safety and infection control but also did other topics associated with older age. One member of staff told us they had just completed training in infection control and were now doing health and safety. Another member of staff told us "even though I don't work on the care side, they still want me to do training in dementia, as I work closely with people in their rooms. The training is very good here". Another member of staff told us "they are very good about keeping us up to date. We can also ask for training if there's something we think we need".

The registered manager told us informal support was given to staff on a daily basis. They said they tried to ensure more formal meetings to discuss work performance, strengths, challenges, training and developmental needs, took place every six weeks. The policy, which related to staff supervision, stated all staff should have formal supervision on a two monthly basis. Records within staff personnel records did not always demonstrate this frequency. Some records showed staff had asked for additional training in areas such as moving people safely, medicine management and dementia care. Information did not show these requests had been addressed. The policy stated staff should have six monthly appraisals to monitor and develop their performance. Records did not show these were taking place. The registered manager told us they were aware the staff appraisal system, required further focus and they were in the process of discussing this with staff.

Staff told us they felt very well supported by the registered manager, the provider and each other. One member of staff told us "it's a lovely home with a lovely team. Everyone gets on really well and supports each other". Another member of staff told us "we're a small team so really care about each other and the people that live here. It's like a big family". Staff told us they gained informal support on a daily basis. They said the registered manager and the providers were approachable and kept them informed of the things

they needed to know. They said their ideas were welcomed and they were consulted on all aspects of the home and its day to day management. In addition to informal support, staff told us their more formal meetings with the registered manager, worked well. They said they were encouraged to be honest and "say what they thought". They said always "ironed out" any problems amicably, without escalation.

On the first day of the inspection, people were eating gammon with pineapple or parsley sauce, roast potatoes carrots and sweetcorn. The meals looked colourful, were nicely presented and ranged in size according to people's appetites and preferences. People were asked if they wanted assistance. One person asked a member of staff if they would be able to cut their meat. The staff member's response was "of course I can". They did this and asked the person if the pieces were small enough.

One member of staff told us the menus were developed according to people's preferences. There was an emphasis on fresh produce and healthy eating although more traditional foods, with higher calorie content were also available. People were offered a choice at each meal time and there were further alternatives to accommodate personal preferences. Staff told us people's weight was monitored and any concerns were discussed with the GP and addressed accordingly. They said there were no current concerns about people's nutritional intake. Staff told us specialised diets in response to health or cultural requirements were accommodated, as required.

People told us they were happy with the food and drinks provided. One person told us "the food is beautiful. There's lots of choice. They make the best rice pudding you can get". Another person said "the food is beautifully cooked. We have an excellent cook. My diet has had to change due to my health unfortunately but they manage it perfectly. It's a bit of a bother for me but they'll do anything I want. They're so accommodating". Another person told us "lunch is at 12. They always ask you what you fancy. I need to put weight on, so at the moment I'm having proper puddings like sponges, to see if that helps. It's gammon today. I like them asking what you want. You'd never have to have something you didn't like". Another person said "it's gammon today with carrots and sweetcorn. I don't like sweetcorn so I know they'll give me something else they know I like". Other comments were "it's nicely cooked and fresh. All homemade", the food is excellent" and "the food is very healthy here. The soups are all homemade and they use fresh vegetables not frozen". One person however, told us the quality of the meals sometimes varied, as there had been changes in the kitchen staff. The registered manager confirmed there had been a period of staff absence but this had been covered and was now resolved.

Relatives told us the food provided always looked good. One relative told us "the meals are very good. There is a good choice. It's varied and X has certainly put on weight since being here. What I like is that they think about the balance of food. They don't have heavy puddings if it's been a large dinner such as a roast. They can have cheese and biscuits, which is good". Another relative told us "they always seem to be eating. The food always looks nice and well presented. I would eat here, without a doubt".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 to 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).

The registered manager told us The Priory supported people who were relatively independent and able to benefit from the home and its location. They told us people were able to make their own decisions, follow their preferred routines and "come and go" as they wished. They said the external doors were locked for security reasons, similar to that of a family home, but people were able to leave without restriction. The registered manager told us due to this, they had not needed to apply to the local authority for any applications in terms of depriving people of their liberties. The registered manager was aware if people's circumstances changed, this may be something they needed to consider in the future.

People confirmed they were able to make decisions and follow their own routines. They said there were no "rules" which restricted them. One person told us "I am very happy here. They let you have your life and do what you please. It's just like being at home but a bigger one". Another person told us "they [the staff] may explain alternatives but ultimately it's my decision". Staff told us they encouraged people to make decisions about their day to day lives. One member of staff told us "we're here to help people do what they want to do". They said people could get up when they wanted to, spend time in their bedroom or in the communal areas or go out to meet friends or attend community events. They said they always asked people for their consent before undertaking tasks or personal care. Another member of staff told us "one resident told me to "shut up", as I was talking too much. I was really surprised and shocked to start with but then I thought it was good they could say that to me. We do promote independence". Records showed people's consent to care. Information showed one person had requested that staff did not check them in the night, as it disturbed them. This decision was respected.

People told us they had good support from local health care surgeries. One person told us "if I want a doctor, I ring them and make an appointment. The staff help me if I need them to, but I like to do it myself. It keeps me independent". Another person told us "if I'm not well, they'll usually tell me if I should see a doctor. They'll arrange it, if you want them to". Relatives told us their family member received good support to meet their health care needs. One relative told us "they make all the appointments. I don't do it but they keep me informed if there's anything I need to know". Another relative told us "I think there's always a doctor or nurse that's in and out here. I've never known any problems. They also order any medicines, which is good. Another thing that's good is that the staff know the residents well, so they pick up if someone's a bit under the weather".

When touring the accommodation with us, the registered manager noted one person's legs were swollen, slightly red and warm to touch. They asked the person if their legs were sore and encouraged them to contact the GP to request a visit. The person explained they were meeting friends so did not want to cancel their arrangements to do this. The registered manager gently acknowledged this but explained the possible consequences of not gaining medical assistance. They encouraged the person "to have a think" and gave possible options. These included a telephone conversation with the GP, a request for a later visit or an evening appointment at the surgery. Later in the day, the person told us they had decided not to go out, in case they "knocked" their legs and were awaiting a GP visit. They told us "sometimes you just have to be sensible. I can go out another day".

One health care professional told us staff were knowledgeable about people's needs. They said staff were forthcoming with information and they had never heard "I don't know. I wasn't here yesterday so I'm not sure". The health care professional told us staff were always prepared for their visit and gave people time to get to their room, without rushing. They said staff made appropriate referrals, followed instruction well and were able to monitor and feedback about the outcome of any treatment. They said good relationships had been established with the home and they had never seen any areas, which concerned them.

Is the service caring?

Our findings

People were complimentary about the staff. They said staff were "friendly", "obliging", "caring" and "fantastic, friendly, lovely people". One person told us "they really do care. It's a cultural thing I think". Another person said "the staff are friendly. They want to do good and do the right thing". Other comments were "the staff are very sensitive. They really care about people", "staff are loving and caring" and "the staff are fabulous, I get on with them all. They really care. They go beyond what they are paid. I'm very fond of them". One person told us "they all have what you can't buy and that's kindness. They go beyond what they need to do". Another person told us "I think it's the culture of the staff. They are so caring. They fuss over you and make sure you have everything you could possibly need". Another person laughed and told us they had to "have a word" with a member of staff. They said this was because they could not believe how "nice" the member of staff was and how much they were doing for them. The person told us "they told me it was their job but they did far more than what they get paid for. I can't fault any of them. We're very lucky".

Relatives were equally positive about the staff team. One relative told us "I can't express my gratitude to the staff. All of them are absolutely fabulous. They care with such consideration and care. They know X so well. They know what makes them tick". Another relative told us "the staff are lovely. They are all very caring and patient, much more patient than I am". Another relative told us "it doesn't matter when you come, it's always the same. They're always very welcoming and make you feel a part of it. It's like a big family really. I'm really happy with X being here". The relative continued to tell us, they were able to have a meal with their family member, if they wanted one. They said this was really appreciated, as they felt part of their family member's life and not "just a visitor". Other relatives told us they were always made to feel welcome and offered refreshments, whatever time they visited.

Staff spoke to people in a friendly, caring and respectful manner. They greeted people such as "good morning X. How are you today?" and gave compliments including "your hair looks very nice X. Very posh". One person became upset whilst thinking about their deteriorating health and their need for care. A member of staff knelt down by the person and listened to their concerns. They asked the person if they could do anything to help and gave reassurance, which the person thanked them for. Another member of staff gave a person a cup of tea and biscuits, served on a tray. They asked the person if they could reach all of the items or whether they needed assistance. The person said they could manage, although whilst talking, the staff member observed discreetly to ensure this was the case.

During the lunch time meal, staff were attentive and ensured people had what they needed. There were menus on the dining room tables and staff told people about the food, which was being placed in front of them. Staff offered assistance in a discreet manner and responded positively when asked for anything. One person asked a member of staff for condiments and another drink. The staff member replied "of course. I'll get them for you. What would you like to drink? More juice or something else?" Staff regularly asked people "can you manage or would you like any help?" Once people were eating, staff withdrew to the kitchen area to promote privacy. People had varied conversations with each other. Whilst clearing the dishes, staff asked people if they had enjoyed their meal or if they wanted anymore.

People told us they regularly spent time talking to the staff, which they enjoyed. One person told us a member of staff had informed them they had passed their driving test. They said "I was so pleased they took the trouble to tell me. It was lovely". Another person told us "they talk about anything that's going on in their life, children, even what they had for tea last night. It's nice as it makes you feel they are interested in you". People told us they were encouraged to treat the home "as home". One person told us "if I don't feel like getting up, I don't. It's as easy as that". Another person apologised to us, as they said their room was untidy. They told us "I try to keep it a bit tidy but I'm not very good at it. Everything has a tendency to get in a bit of a muddle but they don't mind. I love it, it's my home. I can be myself". Another person told us "I'm just getting myself ready, as I felt like a nap this afternoon, so I went back to bed. They've just brought me a cup of tea and some biscuits, which was very nice of them. We're very lucky as they work around us, not the other way around". Another person told us "all of the staff are always smiling. They'll help you with whatever you need. They're very concerned about your wellbeing. They tell you "it's your home" and they follow that through. It's lovely here".

People told us staff promoted their rights to privacy, dignity, choice and independence. One person said "I come and go entirely as I wish. I just tell them when I'm going and when they can expect me back. They enable me to be independent, as they don't make a fuss and it's no trouble". Another person told "you can do what you want. They tell me it's my home and that's how I treat it. It is my home". One person told us staff promoted their dignity as they always made sure their clothes were clean and nicely ironed. Another person told us "they take clothes away, wash them and put them back in the drawers. We always have clean clothes". One relative told us staff were always very attentive and promoted their family member's dignity at all times. They gave an example of their family member being given a jug of milk to go with their cereal but they often forgot to use it. They said staff intervened without any fuss but still continued to place the jug on the tray rather than putting the milk straight on to the cereal.

We asked people about more intimate care such as having a bath or a shower and whether staff promoted their dignity during the task. People responded by saying "without a doubt", "yes, definitely" and "yes. They're very sensitive. I don't feel embarrassed. It has to be done". Another person told us "no problems at all". A relative told us "they maintain privacy and dignity, definitely. You only have to listen to how they talk to people. They always make sure any care is done privately. There's no fuss. They're very discreet".

Staff were confident when talking about promoting people's rights. This included respecting people as individuals, asking for consent and delivering care in private. One member of staff talked about the need for respectful, gentle care at the end of a person's life. They said if they needed to clean the person's floor, they would use a dustpan and brush rather than the vacuum cleaner to minimise any disturbance. They told us maintaining a clean and pleasant environment was an important aspect of promoting people's dignity. The member of staff told us "I also make sure the visitor's book and table in the entrance hall are clean and free from dust. I'd hate any first impressions to be bad". Whilst staff were aware of promoting people's rights, there was one occasion when this was not applied in practice. We were talking to a person in their bedroom and a member of staff interrupted to ask if they needed any incontinence aids. The person said "no thank you. I'm ok at the moment" and then turned to us, laughed and said "now you know I have a problem". This did not promote their dignity.

Is the service responsive?

Our findings

The registered manager told us they were looking at introducing a new care plan format, as they felt what was in place could be improved upon. They said before doing this they were working with staff, to ensure they were aware of their responsibilities and knew what information to record. The registered manager told us staff knew people well and were clearly aware of their needs but this knowledge was not necessarily documented. They told us developments with care planning was "work in progress" but would be completed, as soon as possible.

Within care plans, there was clear information about what was important to people, their previous lifestyle and personal preferences. However, there was limited detail and clarification about the support people required. For example, one care plan stated the person was to be "checked regularly". Another stated the person required "equipment to assist with having a bath". It was not clear, what these aspects meant in practice. Some information, within different sections of the care plan, was conflicting. This included one record which stated the person required "prompting" to use the bathroom. Another record indicated they "managed with physical help" and another stated they did "not need any assistance" to use the bathroom. This conflict of information increased the risk of the person not receiving the support they required. Another record detailing the person's risk of malnutrition was not fully accurate. This was because the information indicated the person was at low risk of pressure ulceration, when other records showed they were at medium risk. This inaccuracy, lessened the person's risk of malnutrition, which meant they may not have been receiving the most appropriate support.

One assessment showed a person was at risk of pressure ulceration but there was no plan to inform staff how to minimise this risk. Another assessment showed the person's risk of pressure ulceration had increased from a score of 12 to 28 in six months. There were no further details to explain why this was so, how the person's needs had changed or what increased support they required, as a result. Another assessment had not been updated to reflect the person's changing needs and the potential impact of this.

Following the inspection the provider confirmed that they had recognised the shortfalls in the care planning process and were implementing the new care planning system as quickly as possible to rectify the shortfalls.

Whilst there were some shortfalls in documentation, people told us they were happy with the care and support provided. One person told us "they help me with my socks, as my arms just aren't long enough. I wave my socks, as they go by my door and they come in to me". Another person told us "I don't need much help but they do help me with a bath. They give me different flannels to use for parts of my body and let me get on with it. If I ask for more shampoo, I only need to hold my hand out and it's there. They ask if the water is getting cold or if they can get me anything. Even then they say "are you sure?" They're very good, I couldn't ask for more". Another person told us "I find putting stockings on difficult so they always help me with that. They're very good at making you feel special. You only need to ask them to do something once and you don't have to ask again. The other day, I asked them if they could bring my footstool across, so I could get into bed more easily. I didn't have to ask again. It's done, as a matter of routine now". Another person told us

"they enable me to be independent and carry on my life but the support's there if I need it. It gives me confidence that they'll help if I need it".

Relatives were equally positive about the care provided. One relative told us "I am absolutely delighted with the care, staff give. It's very individualised. All the staff are lovely and I really like the homely atmosphere and approach. It's like a real home. I have no concerns at all". Another relative told us "they have a very supportive role, which is focused on each person. It's very homely here. It's small so the staff know people really well and they have a specific member of staff allocated to each person, which is good. They get to know them and us even better". Another relative told us "they [family member] made the right decision to come here. They're definitely able to maintain their freedom. I'd give them five out of five, if I had to score them".

Staff were responsive to people's needs. One person wanted to sit quietly but not in their room. A member of staff showed them to an upstairs seating area, overlooking the garden. The person thanked the member of staff and told them they were happy to sit there, until it was lunch time. The member of staff said "you're welcome" and explained they would return to help them to the dining room a little later. Within a few minutes, the staff member had returned with a call bell. They explained how the bell worked and said "if you need me, just press that button and I'll come". They ensured the person understood what they needed to do, to call for help, before leaving them.

We apologised to one person as we had been talking, making them late for their lunch. The person told us "don't worry about that. If I'm not there, they'll save my lunch and I can have it when I arrive. They're very good with anything like that. They work around us. Nothing's a problem". Another person had their meal on a different coloured plate than others, within the dining room. We asked a member of staff, the reason for this. They told us "it's because they can't see very well, so the plate makes it a bit easier to pick the colours up. It's different than the others but they're happy with it, as they can eat independently. It's easier for them".

People told us there was always something going on in the home they could join in with. They said this included craft activities, board games, quizzes and musical sessions. One person told us they had a passion for gardening but due to increased frailty, they were no longer able to be so active. They told us staff had helped them buy the equipment needed to take plant cuttings. They were looking forward to their window sill in their bedroom, being filled with new plants, they could care for. Another person told us "I like to have a walk around and then sit in the garden, weather permitting".

During our inspection, some people asked if they could sit outside in the garden. Staff responded positively and spoke of making the most of the sunshine. They accompanied people to the garden and asked each individual where they wanted to sit. Staff put cushions on the chairs to make the seating more comfortable. They offered people a choice of drinks and spent time chatting. When they returned, they asked people if they were happy where they were sat or if they wanted to move further into the sun or the shade. Staff gave assistance in a friendly, caring and attentive manner. At other times, people made cards, had a manicure and watched television. Whilst making cards, the member of staff spent time with each person. They spoke about the equipment for sticking the card together, as they thought it resembled a mangle. This promoted some reminiscence, which people appeared to enjoy. There was a started jigsaw puzzle in the hallway. The registered manager told us it was there, for people to contribute to, as they walked by. It was also a topic of conversation and gave a focus for some relatives when visiting their family member. They told us a "gardening group" was being established and an area of the garden developed following recent requests from people.

A member of staff was deployed to focus on social activity with people. They told us the activity programme was dependent on what people wanted to do on the day. The member of staff told us people had been making craft objects to sell for a fund raising event. These included bird boxes and window reflectors. Staff told us calendar events were celebrated and relatives were encouraged to participate, if they wanted to. They said a bonfire and firework party appeared popular last year, as approximately seventy relatives attended. The registered manager told us social activity and community involvement, were important aspects of living in the home. They said people's preferences were explored and attention was given to enabling people to carry on with their previous hobbies and interests. The registered manager told us some people attended clubs such as the Women's Institute and enjoyed regular meals out. They told us each month, musical entertainment was arranged and people decided the type of music they wanted. Recent events had included classical and jazz performers.

People told us they regularly went out to places of interest, a local pub for a meal or to church. One person told us they continued their previous lifestyle of meeting friends and attending various social clubs. Another person told us they enjoyed going to the local library. One person told us "I know a lot of people around here, so I can meet up with people regularly. It keeps me in touch with what's going on". People told us they enjoyed the visiting hairdresser but were able to use their own hairdresser, if they wanted to.

Relatives told us they were very happy with the social activity arrangements available to their family member. One relative told us "I can't believe it really. They join in with what's arranged and regularly go out, which they would never have done before. In the beginning, we went with them but they don't need us now. I would never have thought they'd be doing all the things they do now". Another relative told us "I can't believe what she gets up to and how bright she is. They've given her a new lease of life. They've been excellent and brought her out of her shell. It's lovely to see. She's really surprised me". Another relative told us "X likes to spend time in their room so they will go to her with things, so she's not isolated. She's very involved despite rarely leaving her room".

People and their relatives told us would talk to staff or the registered manager if they were not happy with any aspect of the service. One person told us "not that I've needed to but I would speak to Lynne, the manager if I had a problem". Another person told us "they like to know if we're not happy as without knowing, they can't do anything about it". A relative told us "I would have no hesitation in raising things if I wasn't happy. There was an issue in the beginning when another resident kept walking into X's room. That wasn't good so I mentioned it and it was sorted without any fuss. Nothing more was said so there were no repercussions. They definitely want people to be happy so will deal with anything that becomes a problem".

People were given information about how to make a complaint. The information stated if a person wanted to make a complaint, they should find it easy to do so. As a result of this, it was anticipated all complaints should be satisfactorily dealt with in the home. If this was not possible, contact details of other agencies were available. There was a file which contained many compliments and a minimal number of complaints. The registered manager told us they were giving attention to recording minor "niggles" in order to identify and address particular themes or trends.

Is the service well-led?

Our findings

There was a development plan, which contained details of the areas the registered manager and provider wanted to develop. These had been identified by various audits and feedback from people, their relatives and staff. Such areas included the development of social activity provision and the review of the furnishings and furniture in people's bedrooms. Other areas of development included the introduction of volunteers and information evenings, to include topics such as understanding dementia. Aspects of the development plan were being ticked off when completed, which gave an overview of the improvements being made. However, whilst the plan directed improvement, audits in certain areas such as infection control, had not been completed. This increased the risk of shortfalls being missed. Similarly, the system had not identified specific issues with care planning, as detailed in this report. The registered manager told us they were planning to develop the existing quality auditing processes, following the completion of other work. They said their first priority was to work on the new care plan format with people and staff.

Records showed the registered manager analysed any accidents and incidents which occurred. The analysis was detailed and showed potential trends, as well as how such incidents would be minimised in the future. One member of staff told us there was a "spot check" list in the office. This was available to anyone who spotted something, which required attention. This included items, which required cleaning or replacing. The registered manager confirmed this system had been developed, as a result of their daily "walk around". They said they wanted all staff to be involved in auditing and not feel that it was just a management task.

People, their relatives and staff were complimentary about the registered manager and the provider. One person told us "the manager is really approachable. We see her a lot. She comes in to me to make sure I'm alright". Another person told us "Lynne [the registered manager] is very knowledgeable. She knows what she's talking about. She's checked on me today to make sure I'm alright". Another person told us "the manager and the owners are lovely. They'll do things for us and care about us, as people". Other comments were "the manager is approachable and the owners 'step in' when needed. They are friendly", "the manager is lovely" and "we can go to the staff, manager or owner. There is a choice". A relative told us "it's a lovely place here. They care for X really well. We regularly see the owners and they always ask how we are as well. They seem to care about us, as well as the residents". Another relative told us "the manager is excellent. She's very approachable, focused on people and knows them well". Two relatives told us the management of the home was "very good".

Staff were positive about the overall management of the home. Comments included "the manager is lovely. You could go to her for anything. She's superb", "the owners visit regularly. They have coffee with us and they attend staff meetings" and "the manager and the owners know people well and are really involved. There's no division. They're really resident focused". One member of staff told us "she [the manager] listens and the communication is good. She also communicates with the owner when she needs to". Another member of staff told us they liked the fact the manager and owners were involved with people and staff. They said "they even go out on trips with people and I've seen them washing up if that's what's needed".

The registered manager told us they had excellent support from the provider. They said the provider

telephoned daily and regularly visited the home. During their visit, they spoke with people and staff, as well as checking on systems and various aspects of the environment. The registered manager told us whilst they were on leave, the provider would always be "at the end of the phone" and would visit three to four times a week, to make sure all was well with people. The registered manager told us they worked closely with the provider and had the same philosophy and aims, with an emphasis on a caring culture. The registered manager told us in terms of expenditure, there was not an "open purse" but if something was required, such as a piece of equipment, this would be prioritised and purchased. The registered manager told us the provider did not pressure them to "fill the beds" to achieve maximum occupancy. They said the priority was to ensure the "right people" were admitted, to maintain the relaxed atmosphere of the home.

The registered manager told us they gained employment at the home, approximately a year ago. They said during this time, they had been getting to know everyone and finding out what was important to them. The registered manager told us they had been very lucky to have inherited "such a good staff team and lovely residents". They said staff were "so caring and so understanding". The registered manager told us they had plans to further develop the home but wanted to introduce change gradually with the support of staff and people who used the service. They said this included the development of staff training opportunities, care planning, marketing and the introduction of volunteers. Records showed there was a developmental plan in place. Items from this plan were being "ticked off" once completed.

The registered manager told us they had a consultative, firm but fair management style. They said being fair included enabling all staff to celebrate calendar events related to their ethnicity rather than primarily focusing on Christian events such as Christmas and Easter. The registered manager told us they had an "open door" policy and encouraged people, their relatives and staff to raise any questions or to give feedback as required. They said they felt guilty if they were busy and had their office door closed, as this gave them a feeling of isolation from the team. Staff confirmed the consultative approach of the registered manager. One member of staff told us they had been encouraged to devise new cleaning schedules and documentation, which staff signed when they had completed the work.

There was a policy, which stated how quality would be assessed and monitored. Whilst detailing various systems, the information stated the policy adhered to the "Essential Standards of Quality and Safety". These however, were no longer operational. The registered manager told us they were taking part in a pilot scheme run by the local authority, with other care homes in the local area. The scheme involved linking with the registered manager of a particular service, to provide support and share ideas. The registered manager told us the initiative was a "fresh pair of eyes" to identify developments and to give suggestions for improvement in an informal way.

The registered manager and staff told us communication within the team was good. Informal discussions, handovers and regular staff meetings were attributed to this. An informative newsletter was circulated to people to inform them of what was going on in the home. There were monthly meetings to enable people to give their views. A record of the last meeting was available on the notice board for people to view. The registered manager informed people of the date for the next meeting. They encouraged people to give agenda items or discuss issues with staff if they were unable to attend. In addition to regular meetings, people were given surveys to complete. These covered topics such as food, cleanliness, staff attitude and availability. The registered manager told us surveys were last sent out in March 2016 but had not been coordinated due to the delay of some being returned.