Ingham Healthcare Limited

Ingham Old Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 6 and 7 July and was unannounced.

Ingham Old Hall provides residential care for up to 25 older people some of whom may be living with dementia. At the time of this inspection there were 23 people living within the home. The accommodation is over two floors with most rooms having either en-suite facilities or a dedicated bathroom. A number of communal areas, a conservatory and extensive gardens and grounds were also available.

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 management of medicines did not follow good practice and the records we viewed did not demonstrate that people had received their medicines as the prescriber had intended.

People benefited from receiving care from staff that felt supported and valued in their roles. Staff had received an induction that was flexible to their needs and received ongoing training. Training was delivered in a variety of forms to suit differing learning styles. Staff received regular support sessions called 'job chats'. Staff worked well as a team and morale was good. Colleagues supported one another.

People received care and support that was kind, considerate and caring. Staff were respectful and courteous to the people they supported and others. People's dignity and privacy was maintained and staff understood the importance of respecting confidentiality. People had choice in their lives and their independence was encouraged.

The risks to be people had been identified, assessed and appropriately managed. Accidents and incidents had been recorded and analysed to prevent further occurrences. Staff had a good understanding of what constituted abuse and knew how to report any concerns they may have. Processes were in place to help protect people against the risk of abuse.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS)

and report on what we find. Staff understood how the MCA and DoLS impacted on their work and those they supported. The service had made appropriate DoLS applications and demonstrated adherence to the MCA.

People had been involved in planning the care and support they needed and wanted. Care plans were accurate, reflected people's individual needs and had been assessed as required. People told us their needs were met and that they received the care and support they required at a time they requested. Staff demonstrated a person-centred approach in caring for people.

People's social and leisure needs were met in an individualised manner. Meeting people's social and leisure activities were incorporated into every staff member's daily role and this was demonstrated at inspection. People had had the opportunity to contribute to a life history and lifestyle document to assist staff in building meaningful relationships with the people they supported.

The service met people's healthcare and nutritional needs. People had access to a variety of healthcare professionals and records demonstrated that interventions had been sought appropriately and promptly. People received enough of the food and drink they liked and required.

The home had a system in place to monitor the quality of the service being delivered and this was effective in most areas. The system had failed to identify some of the issues associated with the safe management of medicines however the registered manager took immediate action to address this.

The people we spoke with respected the management team and had confidence in them. They described them as visible, approachable and supportive. Systems were in place that demonstrated the service strove for improvement and continuous development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The management of medicines did not follow good practice guidance and put people at potential risk of harm.

Staff had a good knowledge of how to prevent, protect, identify and report potential abuse.

The risks to individuals had been identified and measures put in place to reduce those risks.

Is the service effective?

Good

The service was effective.

People benefited from having care delivered by staff who were trained and supported in their roles. Staff demonstrated that they had the skills and knowledge to provide effective care.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied within the care setting. The service was working within the principles of the MCA.

People's nutritional and healthcare needs were met appropriately and in a timely manner.

Is the service caring?

Good

The service was caring.

Staff demonstrated respect, warmth and professionalism when interacting with the people they supported, visitors and each other.

The service had a person-centred approach that encouraged choice and independence. Support was available to achieve this.

Staff maintained people's dignity and privacy and protected confidentiality.

People were involved in the planning of their care and support.

Is the service responsive?

Good

The service was responsive.

People had care plans in place that assisted staff to meet their individual needs in a person-centred way.

People told us that they enjoyed the activities the home provided and that their social and leisure needs were met.

The people who used the service, and their relatives, felt confident that any complaints or concerns they may raise would be addressed appropriately.

Is the service well-led?

Good

The service was well-led.

The service had systems in place to monitor the quality of the service which were mostly effective.

The management team was visible, approachable and supportive.

The service strove for improvement and this was achieved in a variety of ways.

Ingham Old Hall 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 took place on 6 and 7 July 2016 and was unannounced. One inspector and an expert-by-experience carried out the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local safeguarding team and the local quality assurance team for their views on the service.

During our inspection we spoke with four people who used the service and three relatives. Some people were not able to tell us about their experience of the service so we observed the care and support they received. We gained feedback on the service from a visiting healthcare professional. We also spoke with the registered manager, two team leaders, two care assistants, one chef and a kitchen assistant.

We viewed the care records for four people and the medicines records for five people who used the service. We tracked the care and support one person received. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, staff training records, compliments and complaints and minutes from meetings held.

Requires Improvement

Our findings

We looked at the medicine administration record (MAR) charts and associated documentation for five people who used the service. This was to see whether they supported the safe administration and management of medicines.

The records we viewed did not demonstrate that people received their medicines as the prescriber had intended. This was because the MAR charts we viewed were inaccurate and did not follow good practice. When we compared medicine records against quantities of medicines available for administration we found numerical discrepancies. The MAR charts did not consistently contain accurate information on either the quantity of medicines stored within the home, type of medicine prescribed or full administration instructions. In some cases, medicines had not been counted on arrival into the home.

The MAR charts we viewed contained a number of hand written entries. These had not been signed by a member of staff to say they had been checked against the administration instructions on the medicine's box. For one medicine, there was a discrepancy between the prescribed dose and that which was written on the MAR chart. This had not been identified or addressed. For another medicine, only the name and dose of the medicine had been completed. The MAR chart did not contain any written instructions to guide staff on the time or frequency of its administration.

One person was self-medicating a prescribed nutritional supplement but this had not been recorded on the MAR chart. The MAR chart contained gaps which meant we could not be sure the person had received this as the prescriber had intended. When we brought this to the registered manager's attention, they told us the person managed this themselves and asked for the supplement at each meal time. During our inspection, we saw this happen.

For one person who used the service, they had not received any of their prescribed medicines for one day shortly before our inspection. This was because the medicines had not been made available to administer or had not been obtained in time. This placed people's health and wellbeing at risk. When we discussed this with the registered manager, they told us they would investigate the incident.

There was also a lack of supporting information to assist staff in administering medicines in a safe and consistent manner. When people were prescribed medicines on an as required basis, there was no information for staff to guide them on how and when to administer these and what precautions, if any, should be considered. Therefore, people may not have had these medicines administered appropriately.

Medicines were not consistently stored in a secure manner. During our inspection, we saw that the keys that accessed people's medicines were left unattended on one occasion. We brought this to the attention of the registered manager who told us they would action this immediately.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people who used the service and the relatives we spoke with had no concerns in relation to safety. One person who used the service said, "Oh yes, I feel very safe." One relative told us, "Yes, the staff are excellent here. No, I've never had any concerns about safety." When we asked another relative if they felt their family member was safe and well treated, they said, "Oh most certainly, yes."

The service had processes in place to help protect people from the risk of abuse. Staff had received training in safeguarding and their knowledge of this was good. The staff we spoke with talked in depth about the types of abuse people were at risk of and what they would do if they suspected someone was being abused or at risk of this. One staff member told us that they were particularly aware of institutionalised abuse and explained how this could happen unintentionally. They gave us examples of this which included getting people up at a time that suited the service rather than the person.

When we discussed safeguarding with the registered manager, they told us they provided lots of training to their staff on this and, in particular, around institutionalised abuse.

The staff we spoke with told us they would have no hesitation in raising any concerns they may have in regards to safeguarding. They told us they were confident these would be addressed quickly and appropriately by the registered manager.

The risks to individuals had mostly been identified and assessed. Appropriate measures had been put in place to reduce those risks and help protect people from the risk of harm. However, risks associated with people not eating enough, or too much, had not been assessed although the service had regularly weighed people. We also saw that, where the service had any concerns in relation to people's weight, they had sought the appropriate healthcare intervention. Although people had not experienced harm in relation to this, the potential for this was present.
Regular maintenance checks were carried out by the service to reduce the risk of harm to people who used the service, staff and visitors. Personal evacuation plans in the event of a fire were also in place for each person who used the service.

Accidents and incidents had been recorded and actions taken to reduce the risk of future occurrences. An overview of the amount of falls people had experienced was available to all staff which helped to identify any patterns or contributing factors. From the care plan of one person we viewed, we saw that the service had identified that this person had had an increase in falls. We saw that a number of healthcare interventions had been sought by the service as a result and actions taken to help reduce this.

Processes were in place to help reduce the risk of employing staff that were not suitable to work in health and social care. The service completed a number of checks prior to a person starting in post which included obtaining work references and completing a Disclosure and Barring Service (DBS) check. A DBS check establishes whether a potential employee has a criminal record or is barred from working within the care sector. All the staff we spoke with told us that these checks had been completed before they commenced in their role.

The service also had processes in place to manage the poor performance of staff should this be required. We saw that these had been followed when issues had been identified. The registered manager also told us that referrals to the DBS were completed if circumstances required this.

There were enough staff to meet people's individual needs. One person who used the service said of the staff, "They're always around." The relatives agreed that their family member's needs were met in a timely fashion. One said, "Oh yes, I think there are plenty of staff." Whilst another told us, "While I'm here there seems enough, yes." The staff we spoke with agreed that there were enough staff to meet people's individual needs. One we spoke with told us people's needs were met at a time the person chose.

When we discussed staffing levels with the registered manager, they told us these were calculated on the needs of the residents and fluctuated as a result. They were able to give us examples of when they upped their staffing levels which demonstrated that consideration was given to people's individual needs.

During our inspection, we observed that people's needs were met in a consistently timely manner. We saw that staff were quick to respond to people's needs. For example, whilst the handover meeting between staff was taking place, the call bell sounded. A staff member responded to this immediately. On all other occasions we observed the call bell sounding, we saw that staff responded promptly.

Good

Our findings

The people we spoke with told us they had confidence in the staff's abilities to provide care and support. We asked one person who used the service whether they felt the staff knew what they were doing in relation to supporting them. They said, "Oh yes, of course. The staff do lots of training you know." Whilst a second person told us, "The staff are very good. I have confidence in them." The relatives we spoke with agreed. One said, "Staff are trained very well." When we asked another relative if staff had the necessary skills to meet their family member's needs, they said, "Most certainly, yes."

On commencement in post, staff received a comprehensive induction that prepared them for their role within the home. One staff member explained the induction they had received. They said initially they had watched other staff members supporting people whilst being given guidance on the role of the care assistant. They told us they were then closely monitored whilst they learnt the role and the needs of the people living within the home. They said, "It made me confident." Another staff member said of the induction, "Firstly I observed and then I slowly started to assist."

The registered manager told us all new staff received a probation period so their skills, knowledge and suitability for the role could be assessed. A meeting was then held when a decision was made on whether the person was suitable for the role.

The service encouraged training and this was provided in a variety of forms to suit the varying learning needs of the staff team. The staff we spoke with talked highly of the training they received which included the Care Certificate. The Care Certificate teaches staff a set of standards they must adhere to in their daily working lives. One staff member said of the Care Certificate training, "It's taught me so much." Another staff member praised the leadership training they had received. They told us, "It really helped me in my approach to people. It gave me so much confidence." This staff member told us the registered manager was, "Always doing training and workshops for the staff." They said they found them, "Really helpful" and that the registered manager, "Breaks the subject down for us to make it easier to understand." They told us the training they received was, "Always relevant." The service also encouraged their staff to gain qualifications applicable to their role.

Staff received formal and informal support in their roles. The service completed regular 'job chats' with the staff which gave them a formal opportunity to discuss their work and role. These covered areas such as training, attitude to role, support required and also offered people the opportunity to make suggestions in order to enhance the service. The staff we spoke with talked positively about the level of support they

received. One said, "All staff are approachable and they help you." Another said of the registered manager, "They are very supportive. I can go to them with anything."

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good knowledge on the MCA and how this applied to their role and on those they supported. One staff member said, "The MCA is there to protect people who don't have the capacity." They went on to explain that a DoLS would be required if restrictions had to be applied in order to keep a person safe. Another staff member explained how they involved people's families in the decision making processes when people were unable to make this decision for themselves. When we gave a third staff member a scenario regarding the MCA, they demonstrated that they understood its principles and how to apply it.

We saw from the records we viewed that the service had undertaken capacity assessments when a person's capacity was in doubt. In addition, care plans showed what decisions people could make and when they needed assistance to do this. The registered manager had a good knowledge of the MCA and DoLS and explained that family members and other professionals were involved in making best interests decisions for those that lacked capacity as required. The relatives we spoke with confirmed this. The service had made one urgent application to deprive a person of their liberty and this was appropriate.

People's nutritional needs were met and they told us they enjoyed the food provided by the service. They told us they had choice in what they had to eat and drink. One person who used the service said, "Oh yes, we get plenty to eat. The cook comes round with a board before lunch so we can choose from the menu." Another person told us, "The food's lovely. Yes, we get a choice. It's very good." The kitchen staff we spoke with knew people's dietary needs and information on this was available in the kitchen. The cook described what constituted the different textured diets and how they managed this.

During our inspection, we observed lunch being served. This was a calm, sociable and well-organised experience for the people who used the service. People were offered a choice of drink throughout lunch and people received the assistance they needed. Staff support was dedicated and thoughtful. For example, we saw one staff member assisting a person to eat and drink. The staff member gave the person time to eat each mouthful of food, gave encouragement and ensured the person's mouth was gently wiped regularly to maintain the person's dignity. They chatted amicably with the person whilst providing support.

The registered manager told us that they had accessed recent guidance in supporting people living with dementia and, as a result, purchased coloured crockery. People living with dementia can have difficulties with their sight and perception. Guidance suggests using coloured crockery can make food stand out more and encourage people to eat better. We saw that coloured crockery was being used during our inspection.

Access to a variety of healthcare services was available to the people who used the service. The people we

spoke with told us they felt involved in decisions around their health and that they saw healthcare professionals as required. One person told us, "Staff arrange it [healthcare appointments] if it's needed." The relatives we spoke with agreed. We saw from the care records we viewed that people had seen a variety of healthcare professionals as required.

Good

Our findings

Staff supported people in a way that showed compassion, thoughtfulness and empathy. One person who used the service said, "Staff are very kind. I definitely feel listened to." Another person told us, "Staff are very kind towards everyone." The relatives we spoke with agreed. One said, "The staff are always approachable and friendly." One healthcare professional described the staff as, "Always professional and knowledgeable" and, "Extremely courteous."

Staff interacted with those they supported, visitors and each other in a respectful and caring manner. One person who used the service told us, "The staff have great respect for me." One staff member we spoke with said of their colleagues, "They all care so much." During our inspection we saw that, when assisting one person with sensory impairments to mobilise, a staff member ensured they explained what was happening, where the person was and what was expected of them from the task. This ensured that the person felt safe and reassured whilst offering them encouragement.

People benefited from receiving care from staff who knew them well and had forged caring relationships with them. One staff member we spoke with said, "I love my job." When we asked why this was, they told us, "It's because of the relationships I have with people and their families." Another staff member said, "I completely love it [my job]. I love it for the impact I have on people." They went on to explain the positive impact they had on the people who used the service. They said, "If someone is sad, I can cheer them up and get a smile." We saw that the people who used the service were relaxed in the company of staff. They talked easily with them and smiled when they interacted.

Staff had the skills to comfort people when they became distressed or experienced discomfort. The staff we spoke with told us of the ways they managed this which demonstrated they knew people well. One staff member explained how they would talk about the subjects they knew were important to the person such as a favourite television programme, a happy memory or a family member. During our inspection, we saw an example of how staff relieved a person's potential distress. They identified this was a possibility and reacted quickly to it which prevented the person from becoming distressed. This was during lunchtime and the staff's quick interactions and the practical actions they took meant the person was able to finish their lunch happily.

The service focused on encouraging independence and offering choice. One person who used the service told us, "I'm left to spend the day how I like. There's no pressure here." When we asked a relative if the service encouraged their family member to be independent they said, "Oh yes. The staff are very good in

that way." The registered manager told us, "We don't have routines. It's about people's choice and protecting their independence."

People's dignity and privacy were maintained and staff respected confidentiality. People told us they were treated with respect. One person who used the service told us, "This is always the case." The relatives we spoke with agreed. One said, "Oh, very much so." Whilst another said, "Oh most certainly, yes." Staff told us what actions they took to protect people's dignity and privacy. One told us they always asked for consent before assisting someone and respected their choices. They said, "If a person wants to stay in their pyjamas – that's okay. As long as they're well, safe and have something to eat and drink, that's ok." Another staff member said they maintained people's dignity by encouraging them to do as much for themselves as possible and asking what they wanted to do. Staff told us they maintained confidentiality by not discussing people or their work outside of the home. During our inspection, we observed that, when the handover meeting took place, the senior staff member closed the door before the meeting commenced to ensure the conversation was in private. We also saw that telephone conversations took place in private.

People, and, where appropriate, their relatives, had been involved in the planning of people's care and support. The people we spoke with confirmed this. One relative said, "Oh yes, I'm totally involved in all [relative's] affairs." Whilst another said, "Completely." Staff explained how they always sought people's consent before providing care and support and we saw this during our inspection.

People's friends and family could visit at any time and there were no restrictions in place. The service held regular 'relative's days' where family and friends were encouraged to participate in events and spend the day in the home. One relative told us, "I always feel welcome and get offered a drink." Another relative agreed and said, "I always feel welcome and appreciated for coming as often as I do." During our inspection, we saw that staff and the registered manager warmly welcomed visitors into the home and quickly offered refreshments. We saw that they spent time chatting to family members.

Good

Our findings

People's individual needs were met in a person centred way. They received the care they needed at a time they chose. One person who used the service said, "Staff leave me to be independent but help me when I need them to." Another person told us, "My [family member] tells them what I need and they do it. I'm free to do what I want though." A third person told us that their preference was to have care and support from a female member of staff and that this was adhered to. The relatives we spoke with also felt that their family member's individual needs were met in a way they wished for. One staff member we spoke with said, "The size of the home makes it so much more personal."

Staff understood the needs of the people they supported. This included their preferences, likes, dislikes and their identified risks and how to manage these. For example, the staff we spoke with knew people's nutritional needs which included the types of diets people required or preferred and their individual likes in relation to food. One person who used the service required additional support to remain safe. When we discussed this person with the staff they could tell us the person's needs and what actions were in place to manage their safety. During our inspection, we saw these actions taking place.

We viewed the care records for four people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. We saw that people's needs had been assessed prior to admission to ensure the service could meet these. Most of the care plans we viewed had a personal plan in place that gave staff an overview of that person and the support they required to meet their individual needs. This then fed into more detailed care plans that included what the objective was for that person and what staff actions were required to assist that person in meeting their objective. We saw that care plans were accurate and individual to the person and had been reviewed on a regular basis or when changes occurred. The staff we spoke with demonstrated that they understood the needs of the people they supported and the risks associated with their care.

The people who used the service had the opportunity to contribute to a life history and lifestyle document. These contained information such as family relationships, working life, holidays, interests and hobbies. People were also able to record what circumstances caused them distress or upset. This information assisted staff in developing relationships with the people they supported as they understood what was important to them and what caused them anxiety.

The people who used the service told us that they enjoyed the activities they took part in and were free to maintain their interests. One person told us, "I like my own company. Bored? No, of course not. If the

weather is good I go for a walk and I read and listen to the radio." Another person said, "I like it when there's music. I like to join in. We had a party for the Queen." The relatives we spoke with agreed that their family members enjoyed the social interactions they had and the activities they took part in. One said, "[Family member] really enjoys the activities. They join in with the exercise class and I've seen them playing the maracas when there's music. [Family member] would never have done that but I've watched them and their face shows how much they enjoy it".

Supporting people to enjoy activities and their interests was part of each staff member's role. The staff we spoke with talked positively about this aspect of their role. They told us they had time to do this each day and at a time the person wanted. One staff member explained that if a person wanted to go for a walk, for example, then they would ensure that a staff member was made available to assist them with this if required. Another staff member said, "I love getting involved in activities." They went on to explain that these were mostly carried out on a one to one basis but that people had the opportunity to get involved in group activities when events were arranged.

During our inspection, we saw that staff spent time with people engaging in their interests. For example, when we spoke to one person they told us, "I like to do a crossword." Later in the day, we saw that a staff member sat next to them helping them with a crossword. We could see that they were enjoying this. We also observed a staff member playing a game of draughts with a person and another helping a person who enjoyed crafts to make a paper fan. We saw that the person was smiling and engaging warmly with the staff member.

None of the people we spoke with who used the service, or their relatives, had had reason to make a complaint about the service. One person said, "I've never had a reason to complain about anything." Whilst another said, "I have no complaints." However, they all agreed that they would feel confident raising any concerns they may have. People said they felt sure any complaints would be addressed by the service and dealt with appropriately. One relative we spoke with said, "I would just speak to the manager. I have confidence it would be sorted." We saw that the service had their complaints policy on display within the home.

Good

Our findings

The people we spoke with were positive about the management team at Ingham Old Hall and found them approachable and visible. One person who used the service said, "Yes, the manager is always around. We often have a chat". Whilst a relative told us, "I can talk to both the manager and deputy manager. They're really accessible and easy to approach." Another relative said, "The manager is fine. The owner too, they're a very nice person."

The staff we spoke with agreed that the management team were supportive, accessible and managed the home well. One staff member said, "I don't see the owner often but they're lovely and [the registered manager] manages the home very well." Another staff member told us, "The manager is very supportive. I can go to them with anything. They're approachable and knowledgeable."

There was a registered manager in post at the time of our inspection who had been in post for a number of years. They were experienced and demonstrated knowledge in their role and the sector. They told us they felt supported and valued. They told us that they had a good working relationship with both the deputy manager and the director of the company and that, "Management is all about evaluation – what's gone wrong? Why? What are we going to do to stop it happening again?" They told us they kept up to date in regards to the sector and their knowledge by the use of relevant email alerts, magazines and various sector websites. They were also a member of two professional bodies. They said, "You have to be in the loop constantly." The registered manager spoke highly of the provider who consisted of one owner. They said, "[The provider] is lovely – the nicest person I have ever worked for. They listen and are generous. They step back and look at things. [The provider] worries about me and the staff."

Whilst talking with the registered manager, it was clear that they were proud of the service and their staff. They told us, "I have a brilliant team." We saw from the records we viewed that staff were praised for their achievements.

Staff worked well as a team and morale was good. The kitchen staff we spoke with told us they worked well together and communication was good. They told us they felt involved in the home. Care staff trusted each other and worked well together. One told us, "It's really nice here. All staff are approachable and will help you. They are welcoming and supportive." They went on to say, "We are such a good team." Another staff member said, "We're a happy home".

The service had systems in place that demonstrated they sought to develop and improve the service. When

we asked people whether they thought the home was striving for improvement, one person who used the service said, "Oh yes, it's very good." Whilst relatives answered with, "Oh yes, they have decorated the walls as they were plain. The manager had the idea to add stencils – fish, butterflies, trees…They've really brightened things up." and "Yes I do. We've had two newsletters mentioning activities." The staff agreed with one person saying, "We're always trying to improve. We work really hard at that."

We saw records that confirmed this. For example, we saw that staff had specific responsibilities within the service that encouraged accountability. Quality assurance questionnaires were completed and analysed with results being shared with staff, relatives and the people who used the service. These were mostly positive however where responses were less than favourable, the service had taken steps to address this. Regular meetings were held where the service could be discussed and ideas for improvement put forward. From the minutes of meetings held we saw that suggestions had been implemented and, at the time of our inspection, a trial was taking place following a suggestion made.

Newsletters for the people who used the service and their relatives were produced. These included information on the service, the activities planned and general information to make people better aware of a relevant topic. Newsletters were also produced for staff and these were used to impart information, praise staff and direct them in their role.

The service had systems in place to monitor the quality of the service which were mostly effective. When we spoke with the registered manager they demonstrated that they had an overview of the service being delivered. We saw records that showed the service identified and responded to issues. For example, the service had identified that records in relation to the application of creams were not being consistently completed. This had been investigated and discussed amongst the staff and it had been identified that some staff were not always clear on where these needed to be applied on the body. As a result, body maps had been introduced that clearly showed how and where these needed to be applied.

The specific issues identified in this report around medicines management had not all been identified and addressed. However, when we spoke with the registered manager about this, they were aware of some of the issues and were currently taking action to address these. These actions were appropriate. They told us about the additional actions they would take in response to the medicines management concerns identified at this inspection. This involved discussing the concerns with the deputy manager and all team leaders. They also told us that they would be responsible for the medicines management in order to ensure their systems were compliant with good practice. They also told us that they would be arranging further training for the staff responsible for medicines administration.

The service had recently received a 'highly commended' award in the category of 'delivering excellence through learning and development' at the Norfolk Care Awards 2016.

When we asked people if they would recommend the service, they all agreed that they would. Some of the responses we received included, "The staff are pleasant – it's as good as it gets" and "The staff look after us." The relatives we spoke with agreed. Some of the responses we received included, "Absolutely I would recommend the home and have. My [family member] recognises me now. They didn't recognise anyone when they came here. The staff really look after [family member]" and "The staff are very good. Another family member made a comment when they left last time. They said they hoped their children could get a home like this for them. I appreciate how tough this work is. Its hard work but this comment says it all I think."

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had failed to protect people against risks by doing all that is practicable to mitigate any such risks. Regulation 12(1) and (2)(b)