Woodfalls Care Limited

Woodfalls Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this inspection over two days on 24 and 27 April 2017. The first day of the inspection was unannounced. Our last inspection to the service was on 16 and 17 November 2015. During the inspection in November 2015, three breaches of legal requirements were identified. We issued the provider with three requirement notices to ensure improvements were made.

At this inspection, there was a new registered manager in post. They started employment at the home in July 2016 but had been the registered manager previously in 2013. 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 not available on the first day of the inspection due to annual leave. They were available throughout the second day and discussions took place on the telephone after the inspection.

Woodfalls Care Home provides care and accommodation to up to 24 older people, some of whom are living with dementia. Whilst registered for 24 people only 23 can be accommodated. At the time of the inspection, there were 23 people living at the home.

Since their appointment, the registered manager had addressed certain aspects of the service and improvements had been made. However, some shortfalls which were identified at the last inspection remained outstanding. The registered manager was aware of the areas that still needed attention and a development plan was in place to address these.

On the first day of the inspection, there were not enough staff to support people effectively. Staff were busy and interactions with people were limited and task orientated. This improved on the second day of the inspection, particularly as the registered manager and deputy manager were on duty and assisted with care provision. A review of staffing levels had taken place and one to one staff support for some people had been introduced. This had enabled an improved service although there were some concerns about the number of staff available during the late afternoon and evening period.

Not all areas of the home were clean. There was dust and debris on surfaces and less visible areas such as the side of tables and walking frames. The registered manager agreed the level of cleanliness was not to their usual standard. They explained staff sickness had recently occurred and the ability to consistently provide cover, had impacted on this.

Guidance for staff had been developed in relation to people's "as required" medicines. However, staff had not always signed the medicine administration record to show they had given people their medicines. This did not ensure the medicines were taken as prescribed or enable accurate monitoring of the medicine's effectiveness.

A new electronic care planning system had been introduced and information about people's care had been inputted into this. To ensure staff received key information, the system's templated care plans had been used. This meant some information was generic rather than person specific. This did not clearly inform staff of people's needs and the support they required. The registered manager was aware such information needed to be "tweaked" to make it person centred.

People benefitted from an established staff team who knew them well. There had been a review of staff training and a clear plan was in place to address any shortfalls. Greater focus had been given to face to face training rather than "on line" sessions. Staff felt well supported and had regular discussions with their supervisor. Appraisals, which reviewed staff's performance, were being completed.

The registered manager regularly worked alongside staff and completed various care shifts. This enabled them to get to know people well and provide clear leadership, through mentoring and role modelling. The "on call" management system enabled staff to gain advice and assistance at any time.

People told us they could make choices and follow their own routines. There was a clear ethos, which was applied in practice. The principles of the Mental Capacity Act were adopted and people were supported to have advocates, to discuss and reflect on more complex decisions. People told us they felt safe and their privacy and dignity was maintained. There was a clear focus on ensuring people had enough to eat and drink.

People and their relatives knew how to make a complaint and were encouraged to give their views about the service. There was an open approach to complaints, which was used to develop the service. Any complaints had been properly investigated and satisfactorily resolved.

Improvements had been made to the environment. This included a refurbished bathroom and redecoration of some bedrooms. New laundry and computer equipment had been purchased. Regular audits had taken place and action plans identified any shortfalls. However, cleanliness had not been noted and some audits did not demonstrate the depth of monitoring needed.

We found one repeated breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we required the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

Not all areas of the home were clean.

There were not always enough staff to support people effectively.

Records did not show staff had consistently given people their medicines as prescribed.

Staff were aware of their responsibilities to recognise and report potential abuse.

Is the service effective?

Good

This service was effective.

People were supported by a well- established staff team who knew them well.

Staff felt well supported and a review of their training had been undertaken.

People's care was provided in line with the principles of the Mental Capacity Act.

Clear focus was given to enabling people to eat well and maintain their weight.

Is the service caring?

Good

This service was caring.

People were spoken to in a respectful manner and their privacy and dignity was maintained.

There were many positive comments about the staff and their caring attitude.

Is the service responsive?

Requires Improvement

This service was not always responsive.

Interactions and social activity were limited on the first day of the inspection.

Improvements had been made to care plans but not all were person centred or gave staff clear guidance about people's needs.

There was an open culture regarding complaints and any concerns were managed appropriately.

Is the service well-led?

Requires Improvement

This service was not always well-led.

There had been a new manager, who started their role in July 2016.

Improvements had been made to the service although further work was required.

A development plan had been devised in response to the audits completed.

People, their relatives and staff were encouraged to give their views about the service and its development.

Woodfalls 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 checked 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 unannounced on 24 April 2017 and continued on 27 April 2017. The inspection was carried out 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 ten people, four relatives and eight staff including the registered manager. We looked at people's care records and documentation in relation to the management of the home. This included staff training, 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.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in November 2015, we identified medicines to be taken "as required" did not consistently have protocols. This did not ensure staff had the knowledge to administer these medicines, in accordance with the prescriber's instructions. In addition, staff had not consistently signed the records to show they had applied people's topical creams. We issued a requirement notice to ensure the provider made improvements. At this inspection, these areas had been improved upon. However, staff had not consistently signed the medicine administration record, to demonstrate they had given people their medicines. This did not enable accurate monitoring and showed staff were not following procedures appropriately. The home's auditing records showed this shortfall had been identified and discussed with staff. However, improvements had not been made. The registered manager told us all staff who administered medicines, had received up to date training in medicine administration. They told us they were frustrated that staff continued to record medicines inaccurately.

Not all areas of the home were clean. There was debris on the floor in people's bedrooms, in the dining room and laundry room. Some surfaces were dusty and there was dust on less visible areas such as an electric fan. There was debris on the side of tables and people's walking frames. A fabric chair in the lounge was stained, where people had rested their head and arms. The registered manager explained the level of cleanliness was not up to their usual standard. They said there had been recent sickness within the housekeeping team and ensuring all shifts were covered had been a challenge. To assist with this, two housekeepers had been recruited and care staff were undertaking some cleaning responsibilities. One member of staff told us there were no cleaning schedules but staff documented the work they had completed within a diary. The registered manager told us staff were experienced and aware of the tasks they needed to complete. However, they said they would reconsider the need for schedules and look at how cleanliness could be improved upon.

This was a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not enough staff to support people effectively on the first day of the inspection. Staff undertook the tasks required but were rushed and did not have time to spend with people. Staff told us the home was busy and the registered manager or deputy manager, were not on duty. This impacted on their work, as both managers usually assisted people with their personal care and at meal times, in addition to managing the phones. The registered manager acknowledged this although said it was very unusual, as usually either they or the deputy manager were on duty and on some days, they both worked together. This occurred on the second day of the inspection and the home was less rushed, with better interactions.

Staff told us staffing levels were generally satisfactory although late afternoon and early evening could become busy. This was because one member of staff was taken away from supporting people, to prepare and serve tea and supper. One member of staff told us the registered manager was addressing this. Other staff told us the registered manager was doing all they could, to rectify any staffing difficulties. The registered manager confirmed they were actively looking for new staff but some applicants had not "turned

up" for interview. They said finding new staff, particularly for shorter shifts later in the afternoon and evening, was a challenge.

The registered manager told us a dependency tool was used to regularly review the number of staff required to support people effectively. They said four care staff in the day and two waking night staff with additional one to one support for some people was sufficient, although there were busy periods. The registered manager told us existing staff were good at covering shifts at times of sickness or annual leave. They said if staff were not able to provide cover and agency staff could not be found, they would work the shift themselves.

People or their relatives did not raise any concerns about staff availability. People told us staff answered their call bell quickly and helped them when required. Specific comments were "they don't take very long" and "they come quickly". People were relaxed within the vicinity of staff and said they felt safe. One person told us they had "nothing to worry about". Relatives had no concerns about their family member's safety. One relative told us 'Yes, I feel she is safe otherwise she wouldn't be here".

Assessments had been undertaken to identify and address potential risks to people's safety. However, on the first day of the inspection, one person repeatedly walked around, at times without their walking frame. Staff did not always recognise this. The person had an assessment regarding their mobility but the risk of not using their walking frame, had not been considered. At lunch time, whilst it was recognised the home was a converted house and not purpose built, space in the dining room was limited. One person knocked their hands on the table whilst trying to get through the space that was available. Once seated, staff removed people's walking frames to make manoeuvrability easier. The registered manager told us this was done to enhance safety, particularly whilst staff were carrying hot food around.

Measures were in place to address other areas of risk. This included a person's care plan stating they should not be left in a wheelchair in the lounge, unless fully supported by staff. Staff had identified another person had repeatedly sustained small bruises to their hand. The registered manager was proactive and suggested the person should try wearing a specialised glove for greater protection. The person was happy to do this and all bruising stopped.

Staff had received safeguarding training and were aware of their responsibilities to identify and report any suspicion or allegation of abuse. The registered manager told us staff were observant and good at noticing any bruising or marks on a person. They said a safeguarding alert would be made, if the bruising was suspicious or unaccounted for. Each person had a safeguarding care plan in place. During the inspection, staff identified one person was not their usual self. They asked the person about the possible reasons for this, but their questioning was unsuccessful. They gave the person the opportunity to talk to another member of staff about anything they were concerned about.

Records showed safe recruitment procedures were followed. Two newly appointed staff confirmed this. They said they were asked to complete an application form and provide details of two people, who could give details of their work performance and character. One of these people had to be their present employer. The staff told us they attended an interview and supplied details of their identity. They completed a Disclosure and Barring Service (DBS) check before commencing employment. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Good

Is the service effective?

Our findings

The registered manager told us they were aware more work was required to confidently comply with the Mental Capacity Act 2005. 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 a lot of work had been done to comply with the MCA but due to the complexities and associated paper work, more was required. They said they had requested support and further training from a placing authority, so they could "get it right". The registered manager gave a range of examples, which demonstrated they had taken the principles of the MCA into account. This included a person who did not want to follow the advice of a health care professional, in terms of the texture of their food. The registered manager told us whilst capacity had been assessed they did not feel the person understood the implications of their decisions. They discussed this with the person on various occasions and a compromise was reached. The registered manager identified another person required additional care, due to their frailty and increased dependency. The person's capacity was assessed and a best interest meeting had taken place. Within this it was decided, it was not within the person's best interest, to move to an alternate placement and additional staff support was arranged. Another person was finding it difficult to settle and be content within the home. The registered manager was in the process of finding them an independent advocate, so they could discuss their options objectively.

The registered manager told us the home's culture enabled people to make decisions and be in control of their lives. People, relatives and staff confirmed this. People told us they could choose when they got up and went to bed. One person said "I go to bed when I like. I like to go early. Someone helps me. I go straight to bed at 6pm". Another person told us "I can get up when I feel like it". Another person told us they preferred to get up later, as they felt the days were often long. One relative told us "they treat each person as an individual and take into account their preferences". A staff member told us "all routines are worked around people. If I say I am going to help X and they don't want to get up, it doesn't matter. I'll do something else and go back later". During the inspection, staff asked for people's consent and encouraged decision making. This included one staff member asking a person if they wanted to wear an apron, to protect their clothes whilst eating. They said "I'll take it off as soon as you've finished", which they did. Staff routinely asked people where they wanted to sit and what they wanted to eat and drink.
Many of the staff had worked at the home for many years. They were experienced and knew people well. The registered manager confirmed this. They said staff were very "reliable" and "could be counted on". The registered manager told us whilst they were aware of the developments needed in the home, the care staff provided, was very good. One relative confirmed this and told us "the quality of care is terrific". They continued to say communication within the home was good and handovers were "well done".

The registered manager told us they were "mortified" when they realised all training staff had completed had been "on line". As a result, they reviewed the training undertaken and identified what topics had not been covered and which needed to be completed, in greater detail. The registered manager told us they then developed individual training profiles for all staff and a training programme for the forthcoming year. They had a list of staff who were expected to attend each training session. The registered manager told us they were in the process of inputting all training information onto an electronic system. This would generate alerts if any training was not completed or in need of updating. The registered manager confirmed all training in future would be a mixture of "face to face" courses and discussions, as well as "on line" sessions. One member of staff told us this was better for them, as they did not learn well, from watching a video and answering questions. Another member of staff told us the team benefitted from the registered manager being a manual handler trainer, as they had regular updates on moving people safely.

Staff told us they were up to date with their mandatory training, which included subjects such as safeguarding, fire safety and infection control. One member of staff told us they were in the process of undertaking training in dementia and the Mental Capacity Act 2005. Two members of staff told us whilst they had completed a range of training, they had learnt a great deal from working with other staff and the registered manager. One member of staff told us working with the registered manager had shown them the "right" way to do things. They called it "the manager's way, the right way" so always followed, how they had been told to do things.

Staff told us they felt supported and enjoyed their work. They said they gained support on a day to day basis, from each other and the registered manager. In addition, they met with their supervisor more formally, to discuss their role. Staff told us the meetings worked well, as they reflected on any issues and discussed ways to do things differently, if required. One member of staff told us the meetings were good, as they enhanced confidence and confirmed they were working well. The registered manager had a record of the meetings, which had been undertaken and planned. They said they were aiming to ensure each staff member had the same number of meetings, at similar frequencies. This meant more focus would be given to those staff who quietly got on with their job, without the need for additional support or monitoring. The registered manager told us they were back "on track" with staff appraisals. This was a system which reviewed staff's performance on a yearly basis.

People told us the food was satisfactory. One person told us "it's alright. It's a job to please everyone". Another person told us there was a choice. They told us "they come and ask you what you want. If you don't like the choices it's possible they'd open a tin of soup for you or rustle up an omelette". Other comments included "the food is mediocre. It varies. Sometimes it nice and the next day, it's not", "it's very pleasant. If I don't like it, I don't eat it" and "sometimes it's very good and sometimes not". A relative told us "X [family member] is given a choice. She polishes off her plateful. They have quality and choice. If she's not eating, she's given a supplement".

Staff told us meals were based on traditional foods and people's preferences, with an emphasis on fresh, local produce. Staff told us they aimed to provide good variety and always offered an alternative, if a person did not like what was on the menu. They were aware of those people at risk of losing weight and additional snacks were provided. One person had a selection of biscuits and a hot chocolate, with cream swirled on the top. People were weighed monthly or more often if any concerns had been identified. The information was documented in a pictorial format so any changes could be seen "at a glance". The registered manager told us they regularly reviewed this information, so any amendments could be made. They gave an example of one person not eating their main meal at lunch time. After various discussions, they said the timing of the main meal was adjusted and the person now ate well. One member of staff told us "that's one thing we do really well here. We always make sure people have plenty to eat and drink".

People received a range of support to meet their healthcare needs. One person told us "the doctor comes quickly. It's very good. They keep a check on our general heath". Another person told us "they would always get the doctor if you needed one". Relatives commented positively about the regularity of doctor's visits. One relative told us the GP had been visiting their family member for many years, which ensured consistency in their care and treatment. Staff agreed people were well supported with their healthcare. They told us due to regular visits, each person was known to the GP. They said in addition to formal consultations, the GP noted if anyone looked physically unwell or needed further monitoring. This quickly identified any changes in health. One member of staff told us "the other day the GP was unable to drive so we collected them and then dropped them back to the surgery. We get excellent support. They're really good". The member of staff told us the registered manager was "very good" at referring people to specialist services if needed. This included the speech and language therapist or dietician. The registered manager commented the Community Liaison Service was a valuable resource. They said they visited weekly and discussed any particular issues such as anxiety, resistance to care or weight loss. Records of any health care consultations were maintained.

Good

Is the service caring?

Our findings

On the first day of the inspection, whilst staff spoke to people in a respectful manner, interactions were limited and generally task orientated. The registered manager told us they were unsure why this was so, as this was not a "usual" day. On the second day of the inspection, interactions had improved and there was a more relaxed but stimulating environment. Many people had their hair done by the visiting hairdresser. There were many pleasantries from staff such as "lovely, very nice" and "your hair looks lovely. It makes you look twenty years younger". One member of staff came on shift and spoke to people individually in an animated way. They addressed people by their first name and made comments such as "hello X. It's lovely to see you. How are you feeling?" Another member of staff spoke to a person about their visitors. They said the visitors were looking well, which encouraged the person to make further conversation. People responded to these interactions well.

Staff were confident when talking about promoting people's privacy and dignity. One member of staff told us "I always treat people, as if they were my nan". They told us the home was like a big family so this was easy to do. Another member of staff said "I always treat people, as I would want to be treated". They told us they liked the relaxed nature of the home and said the service was very person centred. The staff member told us they enjoyed getting to know people and learning what was important to them. They gave an example, which included one person's preference of etiquette. The member of staff said because of this, they were always careful about the way in which they said things to the person. They said they also thought about personal space, as they were aware some people did not like close contact. Another member of staff commented they always addressed people properly and did not use terms of endearment, unless requested to do so by the person.

Staff told us they always knocked before entering the person's bedroom and closed curtains and doors when providing personal care. They said these practices were undertaken routinely as a matter of course. One member of staff told us they enjoyed spending time with people. They said this enabled them to "get to know" people and then use topics of discussion, to build relationships further. The member of staff told us, when they started working at the home, there was a high emphasis on ensuring people's privacy and dignity. Another member of staff told us they been informed of the importance of interacting with people in a dignified manner, whilst promoting rights such as choice and independence.

Staff assisted people to eat in a caring and dignified manner. They sat next to the person and spoke about the meal. They asked what the person wanted next and if they were happy with what they were eating. Staff took their time and did not rush the person. Staff encouraged another person to drink. They used a caring, friendly manner and asked the person about their favourite tipple. This discussion enabled distraction and the person drank well. Another member of staff asked a person what they wanted for their tea. They answered "a jacket potato". The staff smiled and said "with plenty of butter like you like it?" They then asked "what drink would you like?" and said "I'll walk back with you to your room". As they did this, they continued talking to the person.

During the inspection, one person was removing their clothes inappropriately. Staff interacted quickly and

discreetly asked if they could be of assistance. The person declined the offer and continued to remove their upper clothing. The member of staff intervened and said "Oh dear X. I can see your vest. We don't want that do we? Let me help you". Whilst intervening, the staff member asked the person if they were hot. They offered to find the person some thinner clothes and then talked generally about the weather. The person responded to this and allowed the staff member to help them. Another member of staff asked a person if they could check their blood glucose levels. They encouraged the person to move to somewhere quieter with greater privacy but the person refused. They said they were happy to have it done where they were. Another person had spilt their lunch on their clothing. A member of staff said to them, "lovely to see you X. I think we need to get your top changed". They closed the person's door and gave this assistance in private.

People told us they liked the staff. One person told us "sweet, some of them. I've nothing against the staff. They're all nice enough". Another person said "they are very kind to me. They are kind. I like them". Other comments were "the staff are very, very good", "they're very caring" and "very good. They are all very polite and do what you want them to do". One person told us "they are always so friendly and willing to help". Relatives were equally positive about the staff. One relative told us "the staff are brilliant". Another relative told us "I go away reassured. People are caring. They make her laugh and keep her uplifted. The previous place didn't have the personal touch. It may have had better facilities but the element of family wasn't there. There are no cast iron rules here. All is designed around the resident".

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in November 2015, we identified care plans were not up to date and did not fully reflect people's needs. In addition, care charts were not being used effectively and there was insufficient information about how staff were to support people to reduce their risk of pressure ulceration. We issued a requirement notice to ensure the provider made improvements. At this inspection, improvements had been made to the planning of people's care and all information was up to date. A new electronic system had been introduced for all assessments, care plans and associated care charts such as food, fluid and repositioning records. The registered manager told us they had inputted a high level of information onto the system, as there was very little about people, when they were first appointed. The registered manager told us they were aware further work was needed but had not been able to complete this in the time they had available. Records showed improving people's care plans formed part of the service's overall development plan.

To ensure information was available to staff as quickly as possible, the registered manager told us care planning templates from the electronic system, had been used. This gave a generic care plan and pointers to think about when developing information about people. The registered manager told us this information was then "tweaked" to make it relate specifically to each person's needs. They were aware this "tweaking" had not been done in every case. This was noted as care plans in relation to people's communication needs were generic and therefore similar. For example, information stated the person may lose track of conversation and have difficulty finding the words they needed. In response to this, the plan stated staff should give a gentle reminder of the last statement or suggest the words, the person may have missed. The information was not specifically targeted to each person's individuality. Within the skin integrity care plans, it was stated there were a series of options which could be considered. These showed different actions although it was not clear, which related specifically to the person.

Other information within care plans lacked detail. For example, one care plan stated the person had difficulties with their continence. The information stated they "may need" assistance to use the bathroom. The assistance needed and their night time care needs were not clear. Another record showed the person needed to be supported "regularly" or "frequently". This information was not specific and therefore did not provide staff with clear guidance about the person's needs. A health care plan stated the person experienced dry skin. This was not cross referenced and detailed within the person's skin integrity plan. This meant the risk of pressure damage was potentially higher than that stated.

On the first day of the inspection, one person had difficulties eating their lunch. Their food was not in bite sized pieces, so they could not get the items easily in their mouth. The person regularly dropped their food and spilt their drink. They attempted to wipe their fingers yet did this with a soiled tissue. This meant they were unsuccessful but this went unnoticed by staff. People were unoccupied and spent their time in the lounge, generally asleep, with limited interaction. Those interactions which did take place were primarily centred on food and drink. One person spent time scratching a book with a comb. Staff were not aware why the person was doing this. They did not prompt another activity although later, one member of staff assisted them with some colouring. They showed another staff member their work and received praise whilst doing so.

Another person did not move from their armchair, during the first day of the inspection. Their care plan stated they should be encouraged to stand every one to two hours to minimise the risk of pressure ulceration. The person did not do this. Staff had recorded within the daily records that the person had refused to use the bathroom all day. Their actions and how they managed the person's resistance was not stated. Staff had recorded details of the assistance other people had received with changing their position. However, this was not consistent and there were periods of time, when staff had not made any documented entries. Another entry stated the person had been incontinent and their skin was marking. There was no information to state what staff had done about this. The registered manager told us staff usually documented this information on care charts. However, all paper documents had been replaced with the electronic system and staff were finding this more difficult to use. The registered manager told us they would monitor entries more effectively and address this with staff.

This was a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the inspection, the hairdresser visited and people were having their hair done. Interactions were better and people were engaged in general conversations with staff. The registered manager told us focus was being given to developing activity provision. A new weekly activity programme had been developed which included external organisations such as "Alive". Alive is a charity dedicated to improving the quality of life for older people in care. They said other organisations visited to provide musical sessions and flower arranging and art were undertaken. There was a plan of activities displayed on the wall. This covered a four week period but it was difficult to see, which week was current. The registered manager and staff told us there were themed activities that relatives were invited to. These included an Easter egg hunt and a fish and chip supper. A cheese and wine evening was being planned.

People told us they liked receiving visitors They said they did not particularly join in with the activities on offer. One person told us "I don't want to take part. It's not what I want, not the things I want to do. Every week there's exercises and every Tuesday there's music therapy. Someone plays the keyboard and they have a sing along". Another person told us "they had flower arranging. I didn't do it because I get quite a lot of visitors. I don't want to miss my friends when they call so I mostly stay in my room". Relatives told us they were happy with the activities offered to their family member. One relative told us "they do music. She likes that so we don't come on a Tuesday. They've had it the last two weeks anyway. Thursday is hairdressing day. They do exercises with music, but not for a while, I don't think".

There were examples where staff assisted people in line with their care plan. For example, one person needed staff to inform them about their cutlery and provide a plate guard so they could eat independently. Another person required pureed food and to be informed about what they were eating. Both people were supported in a way that met their needs. One care plan stated it was important for the person to have their call bell within easy reach, on a small table in front of them. This was positioned as stated. The person told us they liked to go to bed very early usually between 5 and 5.30pm. This was clearly stated in the person's care plan. A member of staff took time to ensure people were not in pain. They gave people pain relief if required and said they could have more later, if they continued to be in discomfort. Another person was becoming anxious and wanted to find a member of their family. A member of staff said "I think its best you stay here for a while. Would you like a drink and biscuits, and then we can sort something out". The person agreed and accompanied the staff member back to the lounge.

At lunch time, staff told people what their meal consisted of. They asked if any assistance was required and gave encouragement and prompting to eat. They reminded some people to use their fork or spoon, whilst saying "what's easier for you". One person, when seeing their meal, told staff "I can't eat all that". The

member of staff asked the person if they wanted to eat what they could or have another meal. The person chose another meal and this was quickly brought to them. Staff offered people condiments and asked if they needed any assistance such as "where would you like me to put it?" People were given assistance to cut up their food if needed. The registered manager told us staff were always considering how things could be made easier for people. This included cutting a straw in half so it took the person less effort to use.

Staff told us when one person was first admitted to the home, they declined all assistance with personal care. They said with getting to know the person and developing a relationship with them, they became settled and accepted all support. The registered manager told us another person had completely changed after one to one staff support was started. They said the person was more animated and spoke more readily. The registered manager told us staff had "done well" with certain individuals. This had improved wellbeing and enabled them to stay at the home, rather than needing to move to an alternate care setting. There was guidance for staff to follow if people became unsettled and agitated. This included trying to find out what the person wanted including the bathroom, a drink or a change in their position. One person's first language was not English. Staff used flash cards to communicate and said they also relied on facial expressions and gestures. One member of staff told us they had learnt certain phrases so they could communicate more easily with the person. Signs within the home, which indicated the whereabouts of different rooms, were written in both languages, to assist the person.

There was an open approach to complaints. The registered manager told us they aimed to ensure people and their relatives could confidently raise any concern, without worrying about doing so. They said any issue, however small, would receive focus to ensure it was properly investigated and resolved. Records showed this. One person had commented their tea was too strong and not how they liked it. Discussions were held with the person and it was agreed, a teapot would be provided, instead of a single cup. It was intended the person could then pour their own tea, according to their preference. Another concern was related to a dislike of the food. The registered manager told us as a result, they had purchased the person's favourite foods including fruit and seafood. Staff had made marmalade sandwiches for the person to have in the night and the offer of a small fridge was given. This would enable the person to help themselves to their preferred snacks as required. The registered manager told us they continued to work with the person to enhance the mealtime experience for them. Records showed there were a high number of compliments about the home and the care, staff provided. These were generally in the form of thank you cards.

People and their relatives told us they were aware of how to raise a concern or complaint. One person said they would speak to the "head one". Another person said they would speak to "X, the manager". One person told us they had made a complaint about a member of staff as they had felt pressurised to do more than they wanted to. They said they were listened to and their concern had been sorted "amicably". A relative said it did not matter who they spoke to if they had a concern. They said "X is her carer so I'd speak to her or anyone. They're a team".

Requires Improvement

Is the service well-led?

Our findings

The registered manager had undertaken their role previously in 2013 and returned in July 2016. They said since returning, they had predominantly addressed areas which needed attention. This included introducing the new care planning system, reviewing and arranging required staff training and devising a development plan through auditing. The registered manager told us they had reviewed people's needs and had taken steps to adjust staffing, in line with increased dependency. In addition, they had changed the agency, which had been used to provide staff cover at times of sickness and annual leave. This had enabled an improved service and consistency of the agency staff allocated. The registered manager told us some practices had also been reviewed. This included reinstating a more substantial afternoon tea in addition to the supper meal and changing the housekeeper's routine, due to some people's dependency. They said they had worked on improved activity provision for people but needed another member of staff to be deployed to this area. Recruitment had taken place but this had been unsuccessful. One person told us they were aware there had been a new manager. They said they were "very nice".

At the last inspection in November 2015, we identified some audits were in place to monitor the quality of the service but not all had been applied. In addition, some shortfalls had not been identified and not all action plans had been addressed. We issued a requirement notice to ensure the provider made improvements. At this inspection, improvements had been made to the auditing of the home but there was further work to do. For example, whilst the registered manager was aware that the level of cleanliness was not up to their usual standard, audits had not identified this shortfall. Records showed the majority of the infection control audit addressed policies and procedures, but not aspects of cleanliness.

The maintenance and grounds audit, asked if the décor was in good condition. The answer was "partially". It did not give further detail or a breakdown of which areas were assessed. The registered manager told us they were aware some areas of the home needed redecoration. However such areas, including chipped paintwork on walls and skirting boards, had not been identified or documented within the audits. Another audit asked if people's care plans contained personalised information of each individual's wishes. This had been assessed as "partially" without further detail. Records showed accidents and incidents were monitored and the potential reasons for them occurring were analysed. The registered manager told us as a result of this, the frequency of incidents, particularly falls, had been reduced.

The registered manager told us there was a period of time, when they had stopped all new admissions, to the service. They said they needed to make improvements and ensure stability and consistency before focusing on new people. Once this was achieved, the registered manager told us they considered admissions, in a planned way and were conscious to only admit those people with lower dependency needs. They said since their return to the service, their management was stronger and they followed procedures, more robustly. The registered manager told us in addition, they had encouraged staff to take more responsibility. This included thinking about the action they needed to take, rather than being consistently directed.

Since their employment at the home, the registered manager told us improvements had been made to the

environment. A bathroom had been refurbished to include a specialist bath and three bedrooms had been redecorated. There had been improved security around the home and the washing machine and tumble drier had been replaced. A fly screen was installed in the kitchen and a laptop and office computer was purchased. A quote was in the process of being gained to replace the scratched flooring in the dining room. Staff told us the registered manager had "done loads", since being at the home. One member of staff told us more equipment to move people safely had been purchased. The registered manager told us they had ensured all equipment or services such as the passenger lift had been serviced. They said an external contractor had checked all hot water regulators and had made adjustments to those, which were not accurately set.

Staff told us management were readily available to give help and support. This included "out of hours". They said the registered manager regularly worked alongside them. As a result of this, they knew people well and often undertook shifts, as part of the working roster. The registered manager confirmed this and said working "hands on" with people was one of the provisos for returning to the home, as manager. They said they very much enjoyed this part of their role. The felt it helped build relationships and an awareness of people's needs, as well as monitoring the care which was being given. The registered manager told us if staff cover was required and difficult to find, they would undertake the shift themselves. They said they also worked as a member of the care team over weekend periods. The registered manager told us due to being a small home they did not have any administrative or human resources support. This meant they undertook all roles such as pay role, ordering and staffing procedures. Whilst this impacted on their workload, the registered manager told us there was no spare office space, which could accommodate an administrator or similar role.

The ethos of the home was centred on good care within a homely setting. People, relatives and staff confirmed this was applied in practice. One member of staff told us what they liked about the home, saying "what makes this home is walking upstairs fifteen times a day to make sure the person in room X eats. We give alternatives and if that doesn't work we try something else and something else. We keep trying". Another member of staff told us "we try everything to help people settle and try to understand what it must feel like to be here, especially if they've given up their home. It must be hard". The registered manager confirmed staff provided a good standard of care. They said "staff sing from the same hymn sheet", meaning a consistency in values and ethos.

People, their relatives and staff were encouraged to give their views about the service. This was informally through general conversation or more formally, by using surveys. The registered manager told us a member of staff had supported some people to complete their survey. Another member of staff told us they regularly talked to people about the meals provided. They said any particular preferences were purchased and the menus were amended, in response to any feedback received. Records showed any suggestions from surveys or informal discussions, were welcomed and given attention. This included and additional seating areas and overall development of the garden.

There were many positive comments about the registered manager and their management style. One member of staff told us "what you see is what you get. She's helpful and really good with the residents. She always puts them first". Another member of staff told us "she's very organised and has a range of experience of working in other care homes. She also has a good knowledge of dementia so really helps us support people, the best we can". Other comments were "she's very down to earth", "very caring and care about people" and "she's approachable so we can talk to her and she gets things sorted".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all areas of the home were clean. Staff had not consistently signed the records to show they had administered people's medicines. Care plans did not always show people's needs and the support they required.