Mauricare Limited

A S Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected A S Care unannounced on the 6 February 2018. We returned to complete our inspection on 7 February 2018.

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

A S Care accommodates up to 25 older people, some of whom have a mental health condition and some who are living with dementia. At the time of the inspection 22 people were using the service.

The overall rating for the service at our last inspection was Requires Improvement. The service has improved its rating from Requires Improvement to Good in the key questions 'Is the service effective?' And 'Is the service well-led?' The overall rating of A S Care has improved to Good.

People using the service told us they were safe and that they did not experience bullying. Staff had received training on how to identify potential abuse and know how to alert the appropriate person or external authorities should they have any concerns. To promote people's safety, potential risks to people had been assessed and measures put into place to reduce risk that were understood and adopted by staff. Information to support people safely with ongoing health related conditions was documented. We found there were sufficient staff who had undergone a robust recruit process. Staff receiving ongoing training and support to ensure they continued to meet people's needs safely. People were supported to take their medicine by staff and medicines systems were robust..

People's needs were assessed and regularly reviewed to ensure people received effective care. Staff encouraged and supported people to eat a healthy diet. People's dietary requirements along with their likes and dislikes with regards to food and drink were recorded within their records. People were supported to access a range of health care professionals and staff worked in partnership with external agencies to ensure and promote people's well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 in ensuring people's human rights were protected. Where people lacked the capacity to make their own decisions, we saw decisions had been made for them in their best interest.

People using the service and their family members spoke positively about the caring approach of staff. They said staff were considerate of their needs and provided the care and support they needed. People and their family members told us their privacy and dignity was maintained by staff. We found staff interactions with

people to be positive and supportive and saw positive examples of staff supporting people when they became anxious or distressed.

People had care plans which recorded the help and support they needed. People and family members in the main were aware of their care plans and where they were located. People and family members spoke positively about the individualised support they received. They told us their independence and choice was recognised and promoted. In some instances assistive technology and equipment was used to support people's independence.

People and family members had raised with the provider and registered manager their wish to have greater access to activities both within A S Care and the wider community. The registered manager told us activities did take place, as confirmed by people we spoke with. An activity organiser encouraged people to take part in activities; however there was no dedicated budget and therefore the registered manager was reliant on fund raising to fund both activities and any equipment.

The open and inclusive approach adopted by the registered manager and staff meant people using the service and family members were confident that they could raise any concern they had. The registered manager had investigated concerns that had been made. Any information gathered following complaint investigations was used to improve the service provided and discussed at staff meetings.

The quality assurance manager and registered manager undertook a range of audits to ascertain the quality of the service. The registered manager took action where shortfalls were identified. We found that whilst a range of audits were carried out, including those carried out by external organisations, these were not collated into a single document and discussed with the provider at the governance meetings. This is an area of improvement needed to ensure all actions are planned for and reviewed.

People using the service and family members spoke positively of the registered manager and staff. People's views and that of family members were sought, however many were not aware of resident meetings being held. Staff spoke positively of the support provided by the registered manager, on a day to day basis, and through meetings and monitoring of their competency to perform their duties.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from abuse as robust systems and processes were in place, which were understood and adhered to by all staff. A safe system of staff recruitment was in place to ensure people were supported by suitable and sufficient staff in meeting their needs.

People's safety was monitored with risk assessments and care plans providing clear information for staff as to how people's safety was to be promoted.

People's needs with regards to their medicine were identified within their care plans. Medicine was managed by staff who had undertaken training and had their competency regularly assessed.

Is the service effective?

Good

The service was effective.

People's needs were assessed prior to their moving into the service to ensure staff were able to deliver effective care based on people's needs. ,.

The induction and training of staff meant people were supported by staff that had the necessary skills and experience.

People received the support they needed to eat and drink.

Staff liaised with relevant health care professionals to ensure people's health was maintained. Prompt action was taken where people were unwell and any instructions given by health care professionals were actioned.

The service was well maintained and there were on-going improvements to support and adapt the environment to meet the needs of people living with dementia.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People using the service and

family members were involved in decisions about care and support. Where people had a Deprivation of Liberty Safeguard (DoLS) in place any conditions attached were being met.

Is the service caring?

Good

The service was caring.

Family members said they were consulted and kept informed about their relative's health and welfare.

Staff were seen to respond to people's wishes about their care and responded with empathy when people became distressed or anxious.

Staff respected people's privacy and dignity. People were supported to maintain contact with family and others important to them.

Is the service responsive?

Good

The service was responsive.

People's care plans recorded their views, including people's wishes with regards to end of life care. Staff were knowledgeable about people's needs and the care provided was consistent with people's recorded wishes.

People had the opportunity to take part in activities, however consultation with people using the service and family members had identified that improvements were needed.

People and family members were confident to raise concerns. Complaints received had been investigated by the registered manager and used to further develop the quality of the service.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post. People stated the service was well-led and that the registered manager was approachable and supportive. We found there had been improvements in the quality of the service and the care people received.

Systems were in place to monitor the quality of the service and any shortfalls were addressed by the registered manager. Improvements were needed to how information from external and internal audits was recorded.

People's views were sought as to the quality of the service. Information was made available as to the outcome of any consultation. However people's knowledge about meetings was not known by all.

A S Care

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.

A S Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A S Care accommodates up to 25 people. At the time of the inspection 22 people were using the service.

The inspection site visit took place on 6 February 2018 and was unannounced. We returned to complete the inspection on 7 February 2018.

The inspection was carried out by one inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service and the family members of three people who were visiting

when we inspected. We spoke with the registered manager, two senior care assistants, a care assistant and the activity organiser

We reviewed the care records of four people who used the service. We looked at three staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and resident meetings. We looked at documents which recorded how the provider monitored the quality of the service being provided.

Good

Is the service safe?

Our findings

People using the service and family members overwhelmingly said they felt safe without any experience of being bullied or abused by staff. People told us whether they felt safe and why. "I do feel safe; I have never fallen although I have new knees. The staff are lovely and don't shout at anybody." "It's very safe and the staff are very helpful. I can walk and haven't had any falls." And, "The staff make it safe. It's a caring place." One family member told us. "Yes it is safe, I know [relative] is well looked after. Staff try to make sure she uses her frame. I haven't seen any bullying or forcing people by staff."

Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents, such as people having a fall. They understood what procedures should be taken if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams. Safeguarding was also included as an agenda item in staff supervisions. Staff we spoke with identified a key area of their responsibility was to ensure people's safety by providing a safe environment for people to live in.

The registered manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to CQC about potential abuse and safeguarding referrals made to the local authority. The registered manager provided information required by the local authority to assist them with their investigations.

Risks associated with people's care and support had been assessed when they first moved into the service and were regularly reviewed. Risks assessed included those associated with the moving and handling of people, people's nutrition and hydration and the risks of falls.

Risk assessments also took into account people's health conditions. For example, records of a person who had diabetes contained clear information for staff as to the signs and symptoms, should the person experience a hyper (high blood sugar level) or hypo (low blood sugar level) glycaemic attack. Records provided guidance as to the action staff should take in such an event to promote the person's safety. The risk assessment was supported by a care plan, which recorded how the person's diabetes was controlled in part by their dietary intake. It instructed staff to monitor the level of sugar within the person's blood, which included information as to their normal blood sugar range. The care plan provided guidance as to the action staff should take if the person's blood sugar levels were outside their normal range. This meant that whenever possible, the risks associated with their person's care and support had been identified, minimised and appropriately managed by the staff team.

The provider engaged external contractors to maintain and service equipment, which included electrical and gas systems, the fire system and equipment used to support people in the delivery of their personal care, such as hoists and other mobility aids. All systems had a certificate to evidence they had been assessed as safe at the time of the inspection. Individual personal emergency evacuation plans (PEEPS) were in place, which provided guidance on the support people would require should they need to evacuate the premises in an emergency.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. Staff files we looked at contained evidence that the necessary employment checks had been completed before staff started to work at the service. These included application forms with a full history of employment, identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

People said there were enough staff on duty and that staff coped well and responded very quickly to requests for help and support. One person told us. "There is enough staff"." A family member told us. "I think so. They seem to cope well." The registered manager used a staffing calculator to determine the number of staff required, based on the needs of people. They told us they had recently started to use a different staff calculator as this also took into account the staffing numbers required to support people when at the end of their life. Staff rotas were planned in advance and demonstrated there were sufficient staff on duty to provide safe care to people.

People told us how they requested help and whether they received support in a timely manner. People's comments included. "I'd just call or go to the office. There's always staff about and I have a call bell in my room that works." And, "They come quick enough. How long? Don't know. We're not looking at the clock." A family member told us. "She [relative] has a buzzer in her room. Once she wasn't well and in bed. She pressed the buzzer on the first floor and staff came quickly."

People were knowledgeable about their medicines and told us staff supported them with these. "I get my medicine four times a day. The staff give them to me and I take them with a glass of water." "I get my medication alright. I use my inhaler myself three times a day every day." People's medicine was administered by senior care assistants who had undergone training in the safe handling of medicine, and who had their competency assessed to manage people's medicine. We saw people being administered their medicine, staff explained what the medicine was for and when asked told people what time their next medicine would be given. People were offered a drink with their medicine. Staff told us that information about people's medicine is discussed at staff handover meetings, to ensure people's medicine is administered safely and their needs are met.

Staff met good practice standards when dealing with medicines, including the ordering, storage, administration and recording of prescribed medicines. The service had a medicines policy. The policy referenced the National Institute for Health and Care Excellence (NICE) guidelines for good practice. We saw that medicines were managed safely and in line with policy and people received their medicines as prescribed. Management checks and audits were undertaken at all levels and actions taken to improve medicine management.

People in some instances were prescribed PRN medicine (to be taken as and when required). Where PRN medicine had been prescribed, a clear protocol had been put into place to ensure the medicine was consistently administered. For example to reduce a person's anxiety when their behaviour was challenging or to alleviate pain.

A S Care had been awarded a 1 star rating from the Food Standards Agency (FSA) when we carried out our inspection. (The ratings go from 0-5 with the top rating of '5' meaning the service was found to have 'very good' hygiene standards). The registered manager informed us that the improvements required had been made and that they were waiting for the FSA to carry out a follow up inspection. Following our inspection visit we were contacted by the registered manager who informed us that the FSA had visited A S Care and as a result had revised the star rating to 5 in response to improvements made.

The registered manager had responded effectively to a recent infections outbreak of sickness and diarrhoea within the service. Relevant agencies had been informed, and the service was 'closed' to non-essential visitors to reduce the impact of cross infection. Additional equipment was purchased specific for the management of infections and additional staff made available to ensure people received the care and support required.

Good

Is the service effective?

Our findings

People's needs were assessed by a representative of the funding authority, where people's care was funded by the local authority. The registered manager in addition carried out an assessment of people's needs by meeting with the person and their family member where applicable. Assessments were used by the registered manager to identify what care and support a person required to ensure that the service could meet their needs.

Equipment was available within A S Care to provide effective care and support to promote people's independence. This included equipment to support staff in the delivery of personal care and moving people safely, for example a hoist or stand aid. People who required the support of equipment had an assessment of their needs carried out and in some instances individualised equipment was provided, for example a walking frame.

Additional measures had been taken to support people with their independence, for example velcro buttons were used to support people with a visual impairment to orientate themselves within the service. The velcro buttons were placed on the outside of the passenger lift to enable people to identify the floor they were on. The same style of button was also used on equipment such as radios to enable people to identify a particular radio channel.

Family members told us they had confidence in the ability of staff. Their comments included "Staff know how to do the job." And, "Staff are marvellous, they are skilled." Staff underwent a period of induction to ensure they had the necessary skills and knowledge to support people effectively. This included gaining an understanding of the provider's policies and procedures and how to promote people's safety, for example by taking appropriate action if the fire alarm was activated. On-going induction and training was provided to staff in the form of The Care Certificate. The Care Certificate is a set of standards for staff that upon completion provides staff with the necessary skills, knowledge and behaviours to provide good quality care and support. Staff worked or were working towards vocational qualifications in care and other training to enable them to meet people's needs.

A member of staff when asked about training told us. "Most staff have enrolled on the Skills Network (a range of distance learning study courses), had in house training and have been given passwords to access social care TV, which shows you information on health and safety. For example, we watch the video and then we are asked questions about what we have seen."

The registered manager provided support through on-going supervision and appraisal. This provided an opportunity for staff to review how they were working and to agree any future goals, for example training in specific topics. Staff had their competency assessed by the registered manager, in key aspects of people's care and support, which included medicine administration and the delivery of personal care. This enabled the registered manager and staff to be confident that people's care and support was being delivered effectively. A member of staff told us about the support they received and what it meant to them. "I recently had a supervision, last month and have had staff meetings; we had one around Christmas time. [Registered

manager] will go through my strengths and what my weaknesses are, will involve me, [and tell me] what training there is to complete. I feel listened to and supported. I do mention a few things, we discuss them and generally I feel listened to and that my opinion matters."

People we spoke with said they enjoyed the food and overall thought it to be very good. People's comments included: "The food is lovely. I don't eat fish on Friday I have something else. With my diabetes I have to check what I eat, especially with puddings. The cook knows about my diabetes. I eat in the dining room and can eat in my own time. The food is warm and my weight is checked." "The food is very good and so are drinks. I've been on a diet and lost weight. But I don't want to lose anymore. I can manage to eat myself; my plate has a plate guard. The staff cut up my food for me. I have a choice of two dinners." And, "The food is very good and ample. They ask me if I want anymore. I don't have any special diet but if you need it then you get it."

Staff provided sensitive care and support to people during the lunchtime meal, encouraging people to eat and offering support where required. For example, a person was not eating much; the person told staff they weren't hungry. Staff were seen to encourage them; however the person chose not to eat. Staff offered the person a sweet dish, and staff supported them to eat a little.

Where it had been identified people had experienced difficulties with swallowing, referrals had been made to appropriate health care professionals. Advice from speech and language therapists had been incorporated into people's nutritional care plans, which specified where 'thickeners' were to be added to people's drinks to make them easier to swallow and where people's food was to be 'soft' or 'mashed' to reduce the risk of choking.

A senior care assistant is on duty at all times whose responsibility it is to co-ordinate staff and to ensure the smooth running of the service to ensure people receive co-ordinated and effective care. A senior care assistant explained to us their role, "I run the shift, but staff know what they are meant to do, I am responsible for the well-being of services users and administer medicines and keep things ticking over nicely." A care assistant told us about their role, which included ensuring information is communicated effectively to promote people's safety and well-being. They said, "My role is to ensure people's well-being, in a safe environment and that people's personal care is maintained. We are all 'key workers' this means we make sure documents are up to date and if they [people who use the service] need anything, we keep in contact with family. We [staff] all know as a team what is required; we have a handover every day. The handover sessions are informative and we have a book where we write everything down."

We asked people and family members about the support available when people were unwell. A person told us. "Staff are always around. They come within minutes. My sister takes me to appointments to the doctors for my blood tests." Family members told us staff from A S Care worked well them with regards to external health care appointments, such as hospital, doctor and opticians. A family member said, "[Relative] has had a few hospital admissions in the past due to her deterioration. The 'home always contacts the family."

People's health needs were documented within their records. Staff liaised with health care professionals to ensure people's health care needs were met. During our inspection visit we saw first-hand the registered manager and senior care assistant contacting and speaking directly with a range of health care professionals in relation to two people who at the time had specific health conditions which had changed and required monitoring and action to be taken. The interaction between staff of A S Care and external health care professionals provided the outcome people who used the service required to ensure they received on going effective care to maintain or improve their health.

Notice boards within the home provide information for people using the service and visitors, which included photographs of staff with information as to their roles. Information about raising concerns or making a complaint was displayed. A calendar of weekly activities was on display, and the menu was displayed in the dining room.

There were some examples of tactile items on the walls for those living with dementia to explore, and décor in some communal areas and corridors was in the form of themes. For example, the corridor in the annex area reflected 'London' and the lounge next to the annex was decorated so as to resemble a library. The registered manager informed us further improvements to the environment will be made to support people living with dementia.

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. Whey they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation process for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any condition on authorisations to deprive a person of their liberty were being met. A family member told us. "I feel the staff have my mother's best interest in their heart."

We found seven people had a DoLS authorisation in place. We looked at two people's DoLS who had conditions attached. We found the conditions were being met by the provider, which required a person to have a care plan detailing how staff were support them when their behaviour became challenging. A second condition was for staff to have clear guidance on the use of as and when required medicine when a person became anxious.

The registered manager was aware of their role and responsibilities in relation to the MCA and had made referrals to the local supervisory body where they believed an application for DoLS should be considered. Records showed that where the registered manager believed the person lacked the mental capacity to make an informed decision about an aspect of their care, then the appropriate action had been taken. The audit undertaken by the quality assurance manager had identified documentation to support best interest decisions could be improved. The registered manager had begun the process of updating people's records to reflect this.

The records we looked at where people had a DoLS in place recorded the involvement of a 'paid person's representative' (PPR). The PPR role was to monitor the implementation of the DoLS; we found a record of their visits had been made and that PPR's had not identified any concerns in relation to the implementation of the DoLS by staff.

Good

Is the service caring?

Our findings

People and family members praised the staff for their caring approach. A family member told us, "They [staff] are always happy to see us". People's comments included, "They do listen to me." "No matter what you want, the staff will do it for you. They make the place homely. They get me up, give me a wash and help me get dressed." "The staff are polite and ask me how I am. They help me with bath, I prefer to use an electric razor myself to shave with." "Staff are excellent. I always get help when I need it. They help me when I have any difficulty. They put me right. I have no complaints."

People's care plans in some instances were signed by themselves, but a majority had been signed by the registered manager and a family representative. People's views had been recorded within their care plans, for example their preferences for the time they got up or went to bed, whether they preferred tea or coffee and the frequency with which they wished to have a bath or shower.

People were encouraged to maintain relationships that were important to them. Staff had received training in equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act. For example people were helped to maintain relationships with family members regardless of their age, race or sexuality. Staff had supported a person to maintain contact with a 'befriender' who they had known before moving into A S Care. An easy read guide about equality, diversity and human rights was displayed on an information board. The contents of which had been discussed with people using the service and their views sought as to what dignity meant to them. People's recorded comments as displayed on the information board, included, 'Respect everybody,' 'Respecting people's views even if you don't agree' and 'Being respectful and accepting other people's upbringings.' A member of staff referred to the booklet, stating. "Everyone is equal, we support everyone."

People shared with us their views about their values and beliefs and how these were respected. A person told us. "I go to [name of church] occasionally. My sister takes me. The Church and Salvation Army come here and we do some singing." A family member told us, "My [relative] is respected as a person. She's not religious. She is very family minded."

People and family members made positive comments when asked about privacy and dignity. One person said, "This morning they [staff] put me in a dressing down to go to the bath and also washed my hair. Staff always knock on the door and close the curtains when I'm getting dressed. The door is shut." A family member told us, "Staff are discrete when they take her or other residents to the toilet. She [relative] seems happy when they shower her. If she had any problems she would tell me. They respect her, having a bed duvet day sometimes."

People told us they made choices in their day to day lives, which included when they got up or chose to go to bed. People said they ate their meals in their preferred location, and spent time either in their own room, or communal areas as they wished. People confirmed that staff knocked on their door before entering and that staff were gentle and discreet when helping them with personal care. Comments included, "I go to bed after lunchtime at 2.45pm. I could get later if I wanted. Sometimes I come down for coffee. If I don't get up in

the morning they come to check that I'm alright." "I can to go to bed anytime I want. I come down myself. I wake up 4-5am and listen to the radio."

Staff were seen to encourage and enable people to be as independent as possible, supporting people to drink, eat and walk about for themselves.

A confidentiality policy and procedure was in place and the staff team understood their responsibilities for keeping people's personal information confidential. Staff records included a signed copy confirming staff had understood the importance of confidentiality. People's personal information was stored and held in line with the provider's policy.

Good

Is the service responsive?

Our findings

People we spoke with knew they had a care plan. Their comments included, "It's in the office. Everything I need is in it. The manager has discussed it with me." "I have a care plan. The manager has got it. It has my picture on it. There hasn't been a review done." Family members were not in all instances aware of their relatives' care plans; however were knowledgeable about the care their relative received. Relatives told us, "I'm not aware of a care plan but I do discuss her [relatives] care with the staff and manager. I was astonished when she got up and began to walk and discussed that, they keep an eye on her." And, "She [relative] does have a care plan. Discussions would have taken place with me."

People and family members spoke as to how staff encouraged independence and provided the care and support which was personal to them. One person said, "The staff help me get into the bath and let me wash myself. Then they do my hair. I choose what clothes I want to wear and put them on the bed. They [staff] help me with things that I can't put on." A family member told us, "My mum has Lewy Body dementia and it's getting severe. She wanders off and staff bring her back, if she is agitated staff will reassure her and help her to calm down. They seem to know how to pacify her and will let me know she is fine."

People's care plans were written from the person's perspective, and included information gained from them or family members. People's choices and wishes were recorded to support a person centred approach to their care. Care plans were regularly reviewed, and an overview as to the person's needs documented monthly. Staff completed daily notes to record the care and support provided and we found these reflected the information within people's care plans.

The registered manager and staff supported people to overcome barriers due to their disability, for example a person with a sensory impairment. The registered manager had liaised with external organisations such as the bank and benefit agencies to correspond with the person via braille documentation. Assistive technology was used, which included a sound clock this was voice activated to inform a person of the time and date. And a telephone line was being installed into a person's room, so that they could independently use a telephone which used braille and was designed for a person with a sensory impairment.

We spoke with people about activities and how they kept themselves occupied. People's comments included, "I sit here in the lounge and have coffee and biscuits. After dinner I like to go my room and watch the telly. My sister visits me three times a week. She takes me out in a wheelchair to the shops. We have people come in and do signing." "Mainly I like talking and listen to my radio. There are a lot of people with dementia here and it's hard to understand them. Staff talk to me. I don't get visits from the RNIB. I have talking books and a machine. I like my books." And, "I read a lot in my room in the afternoon. I have a friend here who talks a lot. I enjoy activities here and join in."

We noted some people were seen to be engaged in activities. For example a small group of people sat in the front lounge, watching the television, engaging with and commenting on the programme. We saw a person colouring, whilst others enjoyed a hand massage. On the second day of our inspection visit a person was asked if they wanted to undertake some knitting which they did. People were seen to go outside in to the

garden area, to the rear of the service, to have a cigarette and enjoy a hot drink.

We spoke with the activity co-ordinator who works four hours a day during the working week. They told us there is an activity board, however they responded to people's wishes on a day to day basis. They told us they encouraged stimulation by giving hand and foot massage and by sitting and talking with people. The activity co-ordinator referred to the musical instruments they had access to, along with colouring books. They said they spoke with people about the past, raising memories and emotions. The activity organiser had no dedicated budget to provide activities or equipment. This was confirmed by the registered manager, who said they were reliant on fund raising, which limited the range and frequency of activities.

The minutes of a resident meeting had recorded the activities planned, which included a sing a long, which would be a monthly event. People had expressed a wish to visit a public house and to have tea parties to which family members would be invited. The registered manager said events would be planned.

People told us they were confident to raise concerns with the registered manager. People's comments included, "I found a person going through my things in my room. I told the manager, she had a word with the person." "If I had a complaint I would go to the manager. I have confidence in her." And, "Yes I know about complaints. I'd go to the manager, then the owners and then the CQC. We have raised no formal complaints and informal concerns have been listened to and sorted."

The provider had received three complaints in the last 12 months, these had been investigated by the registered manager and documented, however there was no consistent audit trail to evidence what information had been provided to the complainant upon the outcome of the investigation. The registered manager said they would ensure improvements were made. Where complaints had been received any action to be taken as a result was discussed with staff. For example, a person had expressed concerns as to the personal care their relative had received. As a result items were purchased to promote people's dignity. This was an example as to how the registered manager used complaints to improve the service people receive.

People's preferences and choices with regards to their wishes in relation to end of life care, where appropriate, has been discussed and their views recorded within a care plan. Staff had or were in the process of receiving training in end of life care. Do Not Attempt Cardio Pulmonary Resuscitation. (DNACPR) forms recorded people's wishes with regard to resuscitation, and had been signed by the appropriate health care professional. DNACPR forms were centrally stored and readily accessible.

Good

Is the service well-led?

Our findings

Since our previous inspection the manager had registered with the Care Quality Commission. 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 had introduced the improvements they had told us about at the previous inspection. These included an additional member of staff on duty during the morning to meet the needs of people using the service. The registered manager had completed a course to support the validation of staff in attaining the Care Certificate. A commitment to staff training meant staff had received training specific to the needs of people using the service, which included dementia awareness, the management of people whose behaviour may challenge and equality, diversity and inclusion. Other improvements included the purchasing of crockery to support people living with dementia with their eating and the introduction of the 'employee of the month' award.

People and family members told us they considered A S Care to be a home and that it was well managed and run by the registered manager. The said the registered manager was welcoming, open and approachable. People using the service told us. "I know the manager. She spoke to me this morning. She is getting the batteries for my handset for me. I think the home is well run. One of the best managers I've ever had." "The manager comes and checks we are alright. She comes and says hello and talks with us." And, "Oh I do think the place is well run. I like the people who run it." Family member's comments included, "The staff are always happy to see you and make me welcome when I visit." And. "Overall the place is well managed."

People using the service and family members had little awareness of resident meetings, the profile of residents meetings could be improved to promote how the provider and registered manager consult with people. We did see a family member completing a questionnaire about the service. One person using the service said, "I don't know about resident meetings but I couldn't wish for a better place." And, "I don't know about residents meetings. My sister will do some questionnaires. I think the longer you live here the better is gets."

We asked people if their opinions and views were listened to, people told us, "Yes they do listen to me." And, "I couldn't wish for anything better." Family members said. "Staff know what they are doing." And, "We think the home manager is very good. We are well looked after and have no complaints."

People and their relatives had been given the opportunity to share their thoughts on the service being provided. This was through questionnaires which sought people's views, the opportunity to complete 'comment slips' which were located by the front door, and the registered manager's open door policy, which meant family members or those using the service could approach and speak with them at any time. Questionnaires seen were in the main positive; the area people wished to see improvements was in the range and frequency of activities available to them. The registered manger said they would raise the issue of

activities and the funding of them with the provider. A compliment slip completed by a family praised the care their relative had received. They commented on the kindness and patience of staff and the reassurance and professionalism shown.

Family members and others were provided with information about the service. This was in part achieved through the distribution of a newsletter, which provided information as to the outcome of the questionnaires sent to people seeking their views about the service. The newsletter also provided information on fund raising events, activities held and being planned and information about staff such as the training awards they had achieved.

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings and through daily conversations with the registered manager. Staff members felt supported and valued by the registered manager. One staff member told us, "[Registered manager] has time for staff, brilliant manager. [Registered manager] has one to one time with us all; we can speak about issues […]. We have staff meetings, we discuss anything that has come up […] we feel listened too. We have a good team here." A second member of staff told us, "Staff feel appreciated more and that reflects well in work."

Staff members also spoke of the provider of A S Care. Their comments included, "[Provider] is supportive and tries to put things in place. There have been improvements in general areas. [Provider] tries their best to talk to us and get our feedback. The [provider] trusts the registered manager and the staff." And, "We see [the provider] quite often and he will chat to us. I've been here for two years. I love the home, I really do, love working here, brilliant management. It's picked up over the last year, particularly around staff; we all get on and get on with our roles. We have two new staff; we welcome them and help them as much as we can."

The quality assurance manager, employed by the provider to monitor the quality their services, had undertaken an audit of A S Care in January 2018. Their audit was comprehensive and reflected the Key Lines of Enquiry (KLOE's) which the Care Quality Commission (CQC) uses to inspect services and determine the quality of care. The report in the main was positive. A number of areas for improvement had been identified. The registered manager discussed these with us which included the actions already taken to address some of the points raised. An action plan was being developed by the registered manager to be forwarded to the quality assurance manager.

The registered manager explained they regularly monitored the quality of the service provided. A range of daily, weekly and monthly checks had been carried out on the paperwork held including people's care plans, medicine records, health and safety topics and the environment.

The quality assurance manager had recently carried out an audit, and one of the areas identified for improvement was for the registered manager to improve how information was recorded and collated with regards to safeguarding concerns and complaints. The purpose of this was to enable the registered manager to respond and make improvements. The registered manager said they had acted upon this.

Governance meetings took place, however there was no clear evidence to show that the issues discussed at these meetings had taken into account information gathered from a range of sources to determine the quality of the service people received. For example, audits carried out by external organisations, internal audits carried out by the quality assurance manager and registered manager, consultation with people using the service and their family members, complaints about the service or the views of staff. Audits and information gathered from these sources was not centrally stored and recorded within a document supported by a plan, detailing what action was to be taken, by whom and by when. This is an area for

improvement. We spoke with the registered manager who said they would produce such a document, which would be shared, reviewed and updated at the governance meetings they had with the provider.

The business plan had identified targets to be achieved, which focused on different areas to develop the service. These included the continued development of opportunities for consultation through regular resident and family meetings and the creation of a family forum. Along with a commitment to continued training for staff and the appointment of dementia champions.

The PIR completed by the registered manager was found to be an accurate reflection of our findings of the site visit. Identified areas for improvement over the next 12 months had started to be action. These included further commitment to the continual training of staff through vocational qualifications. Also to increase the range of activities available to people and to support continued and improved relationships with those using the service and family through the introduction of coffee mornings.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. The provider had prominently displayed their CQC rating from the previous inspection on their website and the inspection report was available in the entrance foyer for people to read.

The registered manager worked in partnership with other agencies. We saw first-hand the registered manager and senior care assistant liaising with a range of health and social care professionals to support people using the service to receive the appropriate care and support. The registered manager had attended meetings with health and social care professionals to facilitate the transferring of people using the service between other care providers, which included residential services in relation to hospital admissions and discharges.