Quality Care Homes Limited

Little Croft Care Home

Inspection report

42 - 44 Barry Road
Oldland Common
Bristol
BS30 6QY

Tel: 01179324204
Website: www.qualitycarehomes.ltd.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 22 and 23 June 2016. Little Croft provides accommodation and personal care and support for up to 41 older people. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. At the time of the inspection there were 37 people living at Little Croft.

The previous inspection was completed in May 2015 and there were two breaches in regulation. This was because there were concerns about the staffing levels at night and care plans did not fully capture the needs of people. The provider sent us an action plan telling us how they were going to ensure on-going compliance. We found at this inspection there was enough staff working in the home. Care plans had been reviewed and updated as people's needs had changed and included information on specific health conditions. The provider had demonstrated compliance.

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

People's consent was sought before any support was given. However, there was a lack of information about whether people had mental capacity to make decisions about their care and treatment. A new form was devised during the inspection. The registered manager told us they would be completing this with each person involving their family and the GP. However, without this information there was a risk that people's rights were not protected especially where they lacked capacity.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people. Safe systems were in place to ensure that people received their medicines as prescribed. Improvements were made during the inspection on the recording of controlled medicines.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse. Staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management.

Staff were caring and supportive. Staff received training and support that was relevant to their roles. Systems were in place to ensure open communication including team meetings, daily handovers. One to one meetings were not happening at the required intervals. The registered manager during the inspection devised a new audit tool to enable these to be monitored with assurances this would be addressed.

People's views were sought through care reviews, meetings and acted upon. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided.

People were provided with a safe, caring and responsive service that was well led. The provider had systems to assess, monitor and improve the quality of care.

We found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Good

The service was safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe. Recruitment procedures were robust to ensure people were supported by staff that had the right skills and were suitable to work with vulnerable adults. There was sufficient staff supporting people which was being kept under review.

Medicines were well managed with people receiving their medicines as prescribed. Risks were clearly identified and monitored to ensure people were safe.

People were cared for in a safe environment that was clean and regularly maintained.

Is the service effective?

Requires Improvement

The service was not effective this because people had not been assessed in respect of their mental capacity.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's nutritional needs were met and this was kept under review to ensure they were having enough to eat and drink.

Is the service caring?

Good

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

People were actively asked for their opinion about their care through regular meetings. People's views were listened to and

acted upon.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs. Care plans were clear on how each person wanted and needed to be supported.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

There was a complaints policy and procedure in place. People and their relatives knew how to make a complaint if needed and complaints had been responded to.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff commented positively about the management of the home and were confident they were listened too.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

Little Croft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was completed on 22 and 23 June 2016. The inspection team consisted of one inspector and an expert by experience who had experience of supporting people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.
The previous inspection was completed in May 2015 and there were two breaches in regulation. The provider submitted an action plan shortly after the inspection detailing what they were going to do to address the shortfalls. We looked at this during our inspection on the 22 and 23 June 2016 and the provider had taken appropriate action.

Before the inspection, 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 planned to make. We received this promptly from the provider when this was requested.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted two health care professionals to obtain their views on the service and how it was being managed. This included a GP, the local placing authority in respect of safeguarding and the care home liaison team. You can see what they told us in the main body of the report.

During the inspection we observed and spoke with people in the lounge, looked at five people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, three staff recruitment files and training information for all staff. We spoke with nine people about the care and support they received, seven visitors, six members of staff and the registered manager. We also spoke with

two visiting health and social care professionals.

Good

Is the service safe?

Our findings

The majority of people told us they felt safe living at Little Croft Care Home. One person told us they were sometimes scared at night. However, they said the staff were prompt in responding to their call bell and then providing them with the reassurance they required. Another person told us there had been occasions when other people living in the home had wandered into their bedroom at night. They told us this made them anxious and unsafe. We discussed this with staff, where a person was known to wander during the night, a sensor mat and a door alarm was used to alert the staff so they could promptly intervene. For example guiding the person back to their own bedroom or responding to any requests such as a drink or personal care. Staff told us people could lock their bedroom doors if they wished. Visitors felt their relatives were safe.

People told us there were enough staff working in the home. One person told us, "I only need to ask and they will come and help me". Another person told us, "There is enough staff but there are busy times of the day especially in the morning when staff are helping other people to get ready". They told us, "We are all in the same boat, so you know they will come eventually" and "It's fine, cannot fault the staff, I would prefer to live in my own home, but I know I am much safer here".

During the last inspection we found that the registered person had not ensured sufficient staff were working in the home at all times. At that time there were only two staff working at night. This was a concern in relation to the layout of the building, the number and the needs of people and potential risks, for example in the event of a fire. The registered manager sent us an action plan telling us they had increased the staffing at night to three staff. The provider had demonstrated compliance.

There was a minimum of four staff working in the morning and afternoon and three staff working at night. There were also housekeeping, laundry, two activity co-ordinators and catering staff. This enabled the care staff to focus on the care of the people living in the home. Each shift was led by a senior member of staff who organised the staff to ensure that people's needs were being met.

Staff told us there was sufficient staff working to support people safely whilst spending time and involving people in activities. However, they acknowledged that it was a busy home at times and they were worried about the staffing levels when the home was fully occupied. At the time of our inspection there was one vacancy and three people were in hospital. Staffing was discussed with the registered manager who was able to show us a dependency tool that they used to calculate the staffing based on the needs of the people living in the home. They also told us they were actively recruiting to increase the staffing once they were at full occupancy.

There were safe recruitment and selection processes in place to protect people. All appropriate checks were completed prior to the member of staff working in the home. This included obtaining references and checking whether they had a criminal record. This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service

Staff had been trained in the safe handling, administration and disposal of medicines. A member of staff told us they had recently changed the recording of controlled medicines having taking advice from a local pharmacist. However, this was not compliant in respect of the recording requirements for care homes because controlled medicines need to be recorded in a bound controlled drugs register. The register manager confirmed they still had the controlled medicines register and this would be reintroduced. People told us they got their medicines on time and as prescribed. One person told us, they had time specific medicines and the staff were getting better at this, however they did say this was still a worry. Staff were knowledgeable about people's medicines telling us what they were for and the importance of the timings for some medicines.

A visitor raised some concerns with us during the inspection about how medicines were given to their relative and that often the tablets were handled by the care staff rather than putting them in a medicine pot. The registered manager told us staff always wore gloves when administering medicines and most people will be offered these in a medicine pot. However, there were two people who preferred taking their tablets from the staff member's hand. This was because they were unable to take them from the small pot due to their physical condition. The registered manager told us they would complete some further observations of staff practice and ensure there was a record of how each person liked to take their medicines.

Staff were aware of their responsibilities to keep people safe and report any allegations of abuse. Staff confirmed they would inform senior staff or the registered manager if they were concerned about another member of staff's practice. They had received training in this area. Incidents had been reported to the local authority safeguarding team in South Gloucestershire where necessary. Where appropriate we had been informed of incidents of abuse where this had met the threshold.

People received a safe service because risks to their health and safety were well managed. This included risks due to poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. There were systems in place to monitor and take appropriate action if a person had fallen. This included making contact with the GP for advice and a review of the person's medicines and any associated risks such as the environment.

Where people required assistance with moving and handling, the equipment used was clearly described along with how many staff should support the person to ensure their safely. Staff confirmed they received training in safe moving and handling procedures. Where people required assistance with moving and handling using a hoist, we were told there would always be a minimum of two staff to support the person which ensured their safety. Staff told us there was sufficient moving and handling equipment. This was because only one person regularly required the use of this equipment. The registered manager told us this had recently been reviewed taking advice from an occupational therapist to ensure there was appropriate equipment in the home. Staff were regularly observed in respect of moving and handling by the moving and handling assessor to ensure they were competent and safe in this area.

People were protected from the risk of unsafe premises. The building was well maintained. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Routine fire testing was undertaken at the service. When last inspected by the fire officer in January 2016 the service was meeting fire regulations.

There was some building works taken place with a new kitchen being built to the rear of the property. This area was fenced off to ensure people and their visitors were safe.

The home was clean and free from odour. Staff had received infection control training. Policies and procedures were in place to guide staff on safe practice. Domestic staff were employed to assist with the cleaning of the home. People told us their bedrooms were cleaned daily. Senior care staff told us they completed daily bedroom inspections to ensure they had been cleaned to a good standard. Domestic staff were prompt in mopping up any spillages with carpets cleaned regularly.

Requires Improvement

Is the service effective?

Our findings

People spoke highly about the care staff. They told us the staff were approachable and always asked for their permission before any care was given. Comments included, "Cannot fault the staff, you only need to ask and they will help you", and "I have been here a long while and I am very happy".

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 are called the Deprivation of Liberty Safeguards (DoLS).

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

The registered manager told us they had made DoLS applications for 16 people but these were waiting to be authorised by the local authority. The applications had been made because the person lacked the mental capacity to make the decision on whether they wanted to live in Little Croft. This was due to the person living with dementia and they would not be safe if they left the home unaccompanied.

There was no information in people's care records on whether the person had mental capacity or not. There was a document called 'Mental Capacity Assessment' but this only detailed if there was any advanced care plan for end of life or any legal representatives such as a power of attorney. A member of staff told us the GP completed the mental capacity assessments but there was no information recorded in care files about any conclusions. This meant there was a risk staff were unable to support people using the MCA process because there was no information to guide them on whether the person had capacity or not. One person had signed a consent form for photographs and the sharing of information however; this person was subject to a pending DoLS application. For a person to be subject to a DoLS they have to lack mental capacity. This meant the staff had not followed the MCA legal framework. When we returned on the second day the registered manager had updated the 'Mental Capacity Assessment' to include the five questions in respect of assessing a person's capacity and assured us this would be completed involving the person, relatives and the GP to determine whether the person had capacity.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent.

The service had recently participated in a pilot in reducing falls and admissions to hospital. A physiotherapist and occupational therapist worked alongside the staff on a weekly basis to review why

certain people were falling. The registered manager said this had been a positive experience and had seen a reduction in falls for some people. Monthly audits were completed on all falls exploring why and what actions could be taken to reduce these.

During the last inspection a GP had told us they were concerned about an increase in calls from the service. This was at the same time the home had increased their occupancy. In response the registered manager and staff had liaised with another local GP practice who agreed to register some of the people living at Little Croft Care Home. People could choose which GP practice they would like to register with. If people lived locally they could retain their own GP if they wanted. The GP told us there had been improvements in respect of call outs and staff were better informed about the people in their care.

Other health and social care professionals were involved in supporting people. They included dieticians, physiotherapists, occupational and speech and language therapists and the mental health team. Their advice had been included in the plan of care and acted upon. A visiting health care professional told us the staff were proactive in making referrals and following advice. The staff were also good at telling them about any changes to people's care needs and where plans were not working. They reported there was a good working relationship.

Care records included information on people's physical health needs, for example people had their weight and nutritional needs assessed. Where people had been assessed as being at risk of weight loss a care plan had been put in place. Staff had liaised with the person's GP and a dietician. A relative told us, "Mum loves the food here and has put on weight". This was seen as positive.

People told us there was always enough to eat and drink with a good variety. There was a four weekly menu. People were asked at resident meetings what they would like on the menu. One person said, "The food is really good, the other day I had a full English breakfast it was lovely, and if I do not like what is on offer, there is always an alternative". People confirmed they were asked what they would like each day. Menu boards were displayed in lounge areas with the menu of the day. There were fruit bowls and jugs of juice for people to help themselves. Staff were observed offering people and their visitors refreshments throughout the day. Those people that had chosen to remain in their bedrooms also had jugs of squash or water.

Staff completed core training as part of their induction including safeguarding adults, health and safety, basic first aid, infection control, fire, food safety and moving and handling. Staff confirmed they had recently attended DoLS and MCA training. The registered manager told us a member of staff was a champion in this area and attended regular updates with the local authority. We were told these were updated and a plan was in place to ensure that this was completed by all staff. Other training included dementia care, medicines and end of life.

The registered manager told us they had introduced the new Care Certificate which was a nationally recognised induction programme for care staff. However, they said some staff were finding this difficult and they were unable to complete this within the first three months of employment as a consequence some new staff had left. A member of staff confirmed they were in the process of completing this and they were receiving additional support from the deputy manager. The deputy manager said they would also benefit from some additional training to improve their understanding of the process.

Staff confirmed they received supervision from either the registered manager or the deputy manager. Supervisions are a process where staff meet on a on to one basis with a line manager to discuss their performance and training needs. The registered manager told us that supervision with staff should take place a minimum of six times per year. This was a combination of face to face meetings and observations of

staff practice. A supervision planner was in place detailing when the supervision should take place but not if had been completed. We checked a random sample of staff files and found that staff were not receiving supervision at the specified intervals. On the second day of our inspection the registered manager had devised a check list to audit all staff supervisions. This provided us with some assurances this was being addressed. The registered manager completed annual appraisals of staff performance enabling them to monitor staff competence and plan the training for individuals and as a team.

Little Croft was two residential properties that had been renovated into one care home. Since our last inspection there has been a further extension to the rear of the property to provide a further four bedrooms all with ensuite facilities. It was noted that to access this area you had to walk along a narrow corridor which led from one of the lounges. The door to this corridor and the access to the new extension was similar to the bedroom doors. There was no signage to these areas. The registered manager told us new doors had been purchased as it was recognised that it was not clear to people. The registered manager told us they were planning to put additional signage so it was clearer for people and their visitors.

We recommended at the last inspection the service explore the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly'. This was because there had been a lack of signage for people to help them orientate themselves around the home. Corridors were narrow and painted the same colour which could make it difficult for people to recognise where they were in the home. The registered manager told us this was still work in progress.

Some bedroom doors had photographs to help the occupant find their room and there was some signage to enable people and their relatives to find specific room numbers in the main hallway. However there was still no information to enable people to familiarise themselves with the day of the week, the weather or important events. There were menu boards in the dining areas to remind people what was available.

Bedrooms were personalised with people's possessions including furniture, pictures and ornaments. All bedrooms had an ensuite facility and were decorated to a good standard. The registered manager told us people had been consulted about the decoration of the new bedrooms. All the bedrooms on the ground floor and the new extension had access to a small garden accessed by patio doors. There was a well maintained garden. People told us they enjoyed spending time in the garden when the weather was warmer. A gardening group was organised on a weekly basis and people took an active role in planting and keeping the garden tidy.

Good

Is the service caring?

Our findings

People and their visitors told us the staff were caring in their approach towards them. People also told us about friendships that had been formed between each other. One person said, "This is my home now, the staff are kind and friendly". Visitors told us the staff were approachable and caring. A health professional told us, "Staff know the people well and I have never seen any practice that has caused me any concern". Staff told us they enjoyed coming to work and spoke about people in a respectful and caring way. One member of staff told us, "It is all about the residents, their needs come first".

People were freely able to move around the home and could choose where to sit and spend their time. People had a choice of three lounges. The registered manager said this meant people could choose whether they wanted to sit somewhere quieter to watch television or listen to music. People were asked whether they would like the television on or music, they were also asked if it was at the right volume.

All the bedrooms were single occupancy and people could spend time in their rooms whenever they chose. Bedroom doors were lockable and people were offered keys to their rooms. We observed the staff respecting people's private space by knocking on doors and waiting for a reply before entering.

There were some examples where we heard staff use terms of endearment such as "Sweetheart", "My lovely" and "Darling" when they spoke with people. These terms did not seem to cause distress or offence to people. There was no information in care records to say that people were happy with these terms of endearment. The registered manager said she would discuss this with people to gain their view on whether they were happy with this. These terms could be seen as being derogatory or patronising to some people.

People's visitors were free to see them as they wished. Visitors told us they could see their family members or friends when they wanted to and were made to feel welcome by staff.

The service promoted people's independence. We saw people were asked if they would like to join in the activities on both days of our visit. People took part in keeping the garden well-tended and planting containers. One person told us they had enjoyed gardening before they moved to the home and they were really glad this could continue. Activities promoted keeping people physically active, such as keep fit and carpet skittles. One person said the staff encouraged them to dance which kept them active. They told us they had fun especially when the entertainers visited. Another person told us they liked to put their laundry away and tidy their bedroom.

We observed people sitting and chatting with each other, the atmosphere was friendly and relaxed. People told us they enjoyed each other's company and were supported to sit next to people they liked talking with. One person told us, "This is my home now, I have my friends here and I am very happy". It was evident that people had built caring relationships with each other because when a person became upset a person was quick to comfort the other person. Staff were prompt in picking up when a person was upset and sat with them quietly chatting holding their hand. Another person said they wanted to go home, staff offered to take them for a walk around the garden and was talking to them about the planned activities that were taking

place. The person immediately seem relaxed and at ease with the member of staff.

We observed staff asking people if they would like assistance and their wishes were respected. Where people had declined assistance with personal care we observed staff returning later in the morning to offer assistance. This meant people were supported to make day to day choices on when they would like to receive care and these were respected. Staff recorded in care documentation when people declined care and this information was shared between staff so that care could be offered again either later in the day or the following day.

Staff took an interest in people. Staff were quick to notice when people had their hair done or their nails painted and commented to them on how lovely they looked. It was evident the people liked the compliments. Another person was completing some art work with the activity co-ordinator staff took the time to talk to the person about what they were doing and again complimenting them on the finished product.

Meetings had been organised for people using the service and their relatives. They had been consulted about activities, the menu and the refurbishment of the home. The registered manager told us where people had moved into the new part of the home from the original they had been asked for their opinion on the decoration. A monthly newsletter was sent to people and their relatives detailing forthcoming birthday celebrations, social events and other news relating to the home.

Care files showed people were asked about their end of life wishes. Relatives provided further information including their contact details and when and if they would like to be contacted. Some staff had completed training in end of life care. Staff told us they would liaise with the district nurse team and GP to ensure all equipment and medicines were in place to ensure people were pain free when receiving this care. A relative had thanked the staff in supporting their relative at the end stages of life. They had written, 'You (the staff) all really cared for him in a brilliant way and so many staff came to the funeral'.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home by the registered manager. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People and their relatives confirmed they were able to visit the home prior to making a decision. They received information about the service such as a service user guide and a contract of care which detailed what someone could expect whilst living at Little Croft Care Home. The registered manager re-assessed a person following an admission to hospital to ensure they could continue to meet the needs of people on their return. The registered manager told us this was important as a person's needs may have changed significantly meaning they may require nursing care. The home was not registered to provide nursing care and any nursing care needs were met by the local district nurse team.

Since the last inspection people and their relatives had been consulted about their life histories, significant relationships and what was important to them. This enabled staff to respond to people living with dementia who may not recall all their life histories and aid conversation with the person.

People and their relatives were involved in annual reviews of the care being delivered. The registered manager said people were asked frequently if they were happy with the care they were receiving on an informal basis. The registered manager often sat with people as part of their daily walk around to ensure people were happy.

Staff were more knowledgeable about people telling us about their interests and preferences. One person's life history described how they enjoyed going to Kingswood to see their friends. We saw that this was continuing with staff support. Another person was interested in gardening and they had joined the gardening club organised by the home. This person told us they were not happy with the building works because this was obstructing their view of the garden. The registered manager responded immediately and spoke with the person. It was agreed that if the person wanted to change rooms this would be supported or the registered manager would organise for hanging baskets to go on the wall opposite their window. Assurances were given to the person that the wall would be painted and the area replanted once the building works were completed. It was evident that this person had been listened too and they were happy with the response from the registered manager. They told us they were glad they mentioned it and were confident that this would be addressed.

Since our last inspection two members of staff had been appointed as full time activity co-ordinators. Previously they had dual roles of working in the kitchen or the laundry then in the afternoon they would organise activities. They were now responsible for organising and supporting people with meaningful activities. People confirmed there were regular activities taking place including external entertainers. One person said, "there is always something for us to do most days. There was a weekly planner of activities displayed in the lounge and copies were available in people's room. This had significantly improved since our last visit. In addition to the group activities the activity co-ordinator spent time with people on an individual basis. Individual records were maintained of what activities were being offered.

On the day of the inspection, people were supported to go out including to the local shops, chemist and a local garden centre. People also told us about a pending trip to Weston Super Mare planned for July 2016. There was information about the trip and other activities that were taking place in the monthly newsletter. People told us residents meetings were an opportunity to discuss what was going well with the activities and what improvements could be made. A hairdresser visited the service twice a week along with ministers and vicars from the local church visiting once a month. One person told us they had been out with the activity co-ordinator to look at the local church to see if they wanted to attend on a regular basis.

People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies, preferred daily routines and interests. There were risk assessments detailing any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported. For example, when they wanted to get up, their likes and dislikes and important people in their life. A member of staff told us people could get up and go to bed when they liked and described to us in a very individual way how people liked to be supported. For example one person liked to get up very late in the day but then go to bed in the early hours of the night. It was evident people's choices were respected.

The provider had demonstrated compliance to a previous breach which was to ensure care plans included information on specific health conditions ensuring guidance was in place to guide staff.

One person told us they had not had a bath since moving to the home telling us, "When I pass the bath I wish I could get in". Staff told us the person usually preferred a shower but would assist the person to have a bath that evening if that was what they wanted. The person had been living in the home for four weeks and it was noted the person had only had a shower on two occasions. There was no evidence of any refusals. A senior member of staff told us they felt this was a recording issue and would follow up with all care staff. Records were maintained of all personal care and the name of the staff who had assisted the person. This enabled the senior staff to monitor care delivery and whether it was responsive to people's needs. Staff told us that people could have a bath daily or weekly depending on their preferences. Where a person had made a choice to have a daily bath there were records to confirm this. Where a person had regularly refused personal care it was evident the staff were working with the person, their family and other professionals to support them in the decisions they were making.

Call bells were situated near to people if they had chosen to stay in their bedrooms. People told us staff responded quickly to their call bell. One person told us, "Touch wood not had to use my call bell but I know staff would help me if I need it". We noted that some call bells in bathrooms in the new extension were still tied up meaning the occupant of the room could not use these. This was rectified during the inspection by the maintenance team. Two people told us they were always assisted by staff when using the bathroom but one person told us they were independent but had not noticed the call bell was not available for their use.

Daily handovers were taking place between staff. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Staff described how they worked as a team to enable them to respond to people's needs and stated that communication was an important factor. For example, if a person declined personal care this was shared with other colleagues so this could be offered at a more convenient time to the person. A visiting health care professional told us the communication between the staff was good and when they spoke with staff they were well informed.

There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. We looked at the complaints log. The records included the nature of the complaint, the investigation and the outcome. We found complaints

had been responded to within the agreed timescales and people had been listened to.

There was a common thread to the complaints which was about the laundry facilities. Relatives had complained about missing items of clothing, clothes that were either washed out or creased. The registered manager told us they had recently employed a full time laundry assistant and it was hoped this would improve the situation. They also told us the laundering of clothes had been regular discussed at team meetings. Despite these assurances we saw a person with extremely creased trousers. The registered manager told us as this was unacceptable and they would be following this up with the staff member who had assisted them that morning.

Good

Is the service well-led?

Our findings

People told us the registered manager was approachable and spent time with them when she was working in the home. Staff told us even though the registered manager had moved their office to another part of the building there was still an open door policy. The office previously had been situated on the ground floor near to the main entrance. We observed staff and visitors coming to the office to speak with the registered manager and also the registered manager spending time with people in the lounge areas. Relatives confirmed they knew who the registered manager was and felt able to discuss any concerns with her. One relative told us, "I feel very able to talk to her and I know if we as a family have any concerns these would be sorted". However, one visitor told us they were reluctant to raise concerns for fear of reprisal for their relative. People told us they felt the service was well led and the management listened to them and acted on their suggestions.

From talking with staff and the registered manager it was evident that care was delivered in a person centred way. The registered manager told us, "It's all about the people living here, they must come first". Another member of staff echoed this telling us it was a very busy home but the needs of people was their priority.

The registered manager was supported by two deputy managers who were supernumerary. This meant they were in addition to the care staff and not counted in the four staff that were working each day. Since our last inspection the regional manager post had been made redundant. The registered manager told us this was because the provider no longer owned three but two care homes. They told us the provider now visited the home at least twice a week and spent more time monitoring the quality of the service.

There was a staff structure which gave clear lines of accountability and responsibility. There was always a senior care worker on duty to guide the care staff. All staff wore a name badge and uniform which was colour coded to the role. Staff had job descriptions that defined their roles and responsibilities. Health and social care professionals told us they felt the staff were more informed about people especially in following up areas of concern regarding people. They told us the introduction of the senior care role had helped with this area especially communication.

Annual surveys were completed to gain the views of people who use the service and their relatives. The survey conducted in September 2015 explored whether people and their visitors were made to feel welcome, cleanliness, staff attitude and competency and the overall standard of care. Everyone who completed the survey confirmed they were happy with the overall standard of care and 95% were happy with the activities and 99% happy with the quality of the food. Comments included 'my wishes are respected most of the time', 'staff are respectful all the time', 'staff listen to what I say, I like the food and l love being here' and 'I request things and 'the staff sort it straight away'. Relatives commented that there had been some improvements in the activities and laundry and staff had a good knowledge on dementia care.

Staff confirmed regular meetings were taking place where they were able to discuss the care and welfare of people, policies and procedures and their roles. Minutes were kept of the meetings and any actions. It was

noted that the agenda items were similar for all meetings and this included the topic of laundry.

Systems were in place to review the quality of the service. These were completed by the provider, registered manager or a named member of staff. They included health and safety checks, a falls audit, medicines, care planning, training and infection control. Where there were any shortfalls action plans had been developed. People were asked their views of the service during some of the quality audits such as the dining experience. From this it was evident people were overall happy with the food however, it was suggested the cook speak with people on a daily basis on what they thought of the food. We observed the cook chatting to people about the meal at lunch time and whether they had had enough to eat.

The registered manager completed checks on accidents and incident reports to ensure appropriate action had been taken to reduce any further risks to people. This included looking at any themes. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. A notification is information about important events which the provider is required to tell us about by law.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent How the regulation was not being met: People who use services had not been assessed in respect of their mental capacity enabling staff to apply the Mental Capacity Act (2005). Regulation 11 (1) (2) (3)