Aronel Cottage Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Aronel Cottage Care Home Limited provides nursing and/or personal care for up to 38 older people including people with physical disabilities and some with mild dementia. It is a family run home located in Bognor Regis. At the time of our inspection there were 36 people living at the home

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.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people, however safe recruitment practices were not always followed. Medicines were managed safely.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Staff received regular training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date with refresher courses booked for people. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity. .

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. There were a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's policy.

The culture of the service was homely and family-orientated. Regular audits measured the quality of the care and service provided. However care records were not always kept securely.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe recruitment practices were not always followed.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager was aware of his responsibilities in this area.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's individual needs and these were assessed, planned and responded to by staff who understood them.

Activities were provided according to people's preferences.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People gave their feedback about the service provided through regular meetings and by communicating their views to staff.

Staff were supported to question practice and were asked for their views about Aronel Cottage Care Home Limited at regular supervisions and through a survey organised by the provider.

Regular audits took place to measure the quality and safety of the service provided. However records were not always kept securely.

Aronel Cottage Care Home Limited

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 March 2016. The inspection team consisted of two inspectors 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 service.

Before the inspection, we examined the previous inspection reports and we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the service is required to send to us by law.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We observed care and spoke with people, their relatives and staff. We looked at plans of care, risk assessments, incident records and medicines records for four people. We looked at training and recruitment records for six members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

During our inspection, we met with the eight people who used the service and six relatives. We also spoke with the registered manager, the admin assistant, the cook, one domestic staff member a member of the

nursing staff and five support workers.

The service was last inspected on 2 May 2014 and no concerns were identified.

Requires Improvement

Our findings

Safe recruitment procedures were not always followed. Six staff files were audited during the inspection. We found there were some gaps in recruitment documentation. We found that one person who was working under supervision had not applied for their full Disclosure Barring Service check (DBS), therefore an Adult First check had not been carried out to check that the person was not barred from working with people who may be at risk. there were also no references on file. Another person had a DBS from a different company to that of Aronel Cottage. Application forms were seen on each file, however out of the six files that we audited; two had gaps in their employment history which had not been explained and another stated refer to CV, but this was not present. Also two of the six files only had one reference on file; even though we saw the registered manager had applied for them. We discussed recruitment practices with the registered manager who told us that he conducted thorough interviews and explored gaps in employment history with candidates. However there was no documentary evidence to support this. He also told us that he always chased references but was reliant on referees to respond. We found that one staff member had declared a criminal conviction and this was listed on their DBS. The registered manager told us that he had discussed this with the person and was satisfied they were suitable to work at Aronel Cottage. There was no documentary evidence to support this such as a risk assessment or interview notes. We saw medical forms had been completed to evidence people's fitness to work and proof of identity was seen on each person's file. We also saw that the registered manager maintained a check on the professional registration of registered nurses with their professional body. A copy of their current registration was in staff files Staff we spoke with told us they felt that their recruitment was thorough and said they did not start work unsupervised until all checks had been completed. However the documentary evidence we saw did not support this in all cases.

The provider had not ensured that Fit and Proper Persons were employed as recruitment practices were not operated effectively. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff to feel safe and people confirmed they felt safe living at Aronel Cottage. Comments from people included; "I am very happy here and feel safe and secure". "I feel very safe and my possessions are safe. I can lock my door when I come out". And "I feel very safe". Relatives told us they felt their family member was safe living at the home and they had no concerns. One relative said, "My sister is bed bound and yes I think she's very safe". People also told us there were sufficient staff on duty to meet their needs. One person told us, "There are always a lot of staff about," and, another person said, "Yes there is always enough staff even with them being off sick and going on holidays as I think the manager seems to

have it under control".

People were protected from abuse and harm and staff knew how to recognise the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew they could contact the local safeguarding team or CQC if they had any concerns. The majority of staff were able to name different types of abuse that might occur such as physical, mental and financial abuse. One member of staff said, "I would report any concerns to the manager or the senior person on duty". However not all staff that were spoken to were able to articulate the definition of abuse due to English not being their first language. However they knew what action to take in the event of them having a concern.

Risks to people were managed so that people were protected. Risk assessments were kept in people's plans of care. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding falls, moving and handling and for pressure areas. Mobility assessments included details of specific tasks such as 'sit up in bed', 'turn/roll in bed', and included information about the number of staff required to support the person. There was also information about what people could do for themselves and when staff were required to support people. A staff member said, "We make sure the environment is safe. If someone is assessed with mobility needs we always check the equipment".

There were also environmental risks assessment in place, such as from legionella or fire. There were emergency plans in place so that information that may be necessary in an emergency was quickly available for staff and the emergency services as required. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. We looked at staffing rotas for the month of February and these corresponded with the staffing levels on the day of our visit. Between 8am and 2pm there was one registered nurse and seven care staff on duty. Between 2pm and 8pm there was one registered nurse and five staff on duty and between 8pm and 8 am there was one registered nurse and two care staff who were awake throughout the night. Observations showed that staff were not rushed and had time to talk and interact with people. When people asked for any support this was provided swiftly and this demonstrated staffing levels were sufficient. The registered manager was also a qualified nurse and worked in addition to the nursing staff and undertook oversight of nursing staff. The registered manager told us that additional staff were organised as and when required to support people with appointments or for social events. In addition to the care staff the provider employed two cooks a kitchen assistant, domestic staff, entertainment and activity staff and maintenance staff. People, relatives and staff said there was enough staff on duty to meet people's needs. One staff member said "I love this home. Great structure. Plenty of staff on duty as we have an extra person in the mornings so should someone go off sick we still have sufficient numbers" The registered manager told us that the home never used agency staff as their permanent staff would always complete overtime to cover sickness and annual leave.

Staff supported people to take their medicines safely. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. Only nursing staff administered medicines and they had completed training and this was confirmed by a nurse we spoke with. Medication Administration Records (MAR) sheets were completed and showed when people had received their medicines. There was guidance for staff on MARs for administering any PRN (when required) medicines.

Peoples' medicines were managed and administered safely. We observed the lunchtime medicines being given. Staff carried out appropriate checks to make sure the right person received the right medicines and dosage at the right time. People were asked if they needed assistance to take their medicines and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. Medicines were recorded on receipt and administration and we saw the records of disposal. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

People's medicines were stored safely. Medicines were kept secure in locked cabinets inside a medicines room, although the room itself was not locked. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. We saw that the fridge temperature was monitored to ensure that medicines were stored at the correct temperature. We spoke to a nurse who was responsible for administering medicines and she told us about the procedures to be followed for any unused or refused medicines that were not required. Any medicines not required were returned to the dispensing pharmacy at the end of each month and appropriate records were kept.

Good

Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included, "The staff support me day and night be it to use the toilet a drink whatever," "I am well supported the staff come and see me at night if needed," and, "I have everything I need". Relatives said they were generally happy with the support provided by staff. Comments included: "This is an amazing place. It's a highly sought after home," and, "It's always clean and tidy whenever I visit, the staff team look after you ever so well".

During the inspection, we undertook a tour of the home which was tastefully decorated throughout. The registered manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely with appropriate furnishing.

Training was provided to staff through regular training courses arranged by the provider. Staff told us they had completed all mandatory training. Staff also said that Aronel Cottage provided them with great training opportunities. We saw the training plan for Aronel Cottage. The last course that was seen on this plan was completed in November 2015. Training records showed that staff training included; moving and handling, safeguarding, fire, health and safety, first aid and training specific to meet the needs of the people that they were caring for such as stroke awareness and end of life care. The registered manager said that all new staff members would be expected to complete an induction when they first started work. The induction programme included essential training and shadowing experienced care staff so they could get to know the people they would be supporting. One member of staff who had recently been appointed told us "I have been shadowing since my first day with a more experienced staff member, I do not get involved with transferring people as I have not had the training yet". We saw that staff had been supported to complete Skills for Care Common Induction Standards. The registered manager told us any new staff would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 30 care staff, which included nine registered nurses. Records showed that three people were currently undertaking modern apprenticeships and 26 people had completed qualifications up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry

out their job to the required standard. The registered manager told us that he and senior staff regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

Staff received regular supervision and records were up to date. We were shown the supervision file and this contained records of all staff member's supervisions. The Registered Manager told us that each staff member received four group supervisions and two one to one supervisions annually. One staff member told us "I find that my line manager is effective. I have had one appraisal, one group discussion and four supervisions since I started here". The registered manager told us they worked alongside staff most days and that they had regular conversations with staff and observed staff practice. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 understood his role and the procedures to follow. However staff we spoke who did not have English as their first language did not fully understand the terminology but knew that people should be able to make their own choices and knew who to contact if they had any concerns.

The registered manager said that at present there was no one living at Aronel Cottage subject to DoLS. The registered manager told us that although some people living at Aronel Cottage were living with mild dementia, people were generally able to make day to day choices and decisions for themselves. We saw that each person had signed a form to consent to care and treatment and we observed staff explaining to people what they were doing and gaining their consent before providing support. People told us that they were able to make their own decisions and comments included: "The decision I make are my own, but my wife sometimes gets involved to help me make a decision" and "I might be old but I make all my own decisions" A relative told us "My husband makes his own decisions he is very single minded but I do have a little input". This meant that people were able to exercise as much choice as possible in their day to day lives.

We spoke to people and staff about the meals provided at the home. We received varying responses from people. Comments included: "The food is good, good choice and they do try, drinks are available during the day,. "I am quite happy, the staff come round just before each meal and tell you what's on offer, if there is nothing I like they will always make you something" and "The food is not good not for what we pay steak pie came from a supermarket full of gristle all I could eat was the veg and the mashed potatoes and there is not much choice not good at all". Relatives spoke positively about the choice and quality of food provided. Comments included, "The cook will make whatever food that is asked for", "The food is delicious" and "As far as I know the food is good and they know my relatives likes and dislikes".

We spoke to the cook who told us breakfast was normally cereals and toast and people could choose what to eat. A cooked breakfast was available if people requested this. Lunch was the main meal of the day and there was a rolling menu which was made up by the registered manager and cook and this had two choices

for main course and dessert. On the day of our visit lunch was steak pie or lamb chops with a choice of vegetables and mashed potato followed by apple strudel and custard or yogurts. Supper was tuna and cheese pie or soup and sandwiches with coffee and walnut cake. The cook told us that staff went round and asked people what they would like to eat 30 minutes before the meal and at lunch time we saw the cook was making omelettes for two people who did not want the lunch time choice. The cook said there was always a range of food in the fridge so that people or staff could make snack or sandwich for people at any time if they wanted this. We saw that a Malnutrition Universal Screening Tool (MUST) was used. This is a screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. Care plans were also in place to guide staff about the level of support people needed. For example, if they were on a soft diet, required thickened fluids or if their weight needed monitoring. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People had access to healthcare professionals to ensure that their health needs were met. We asked people about how their health needs were met and comments from people included: Yes they have nurses here and if they cannot resolve it then they call a GP and the response is very quick". Relatives said "The response of the GP is very quick much faster than at home" and "Yes they call in the GP and the optician and they come to the home, if we need to call the doctor he is there straight away". We saw that each person was registered with a local GP. Each person's care plan contained information about people's health needs and any other medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs.

Good

Our findings

People were happy with the care and support they received and told us their privacy and dignity was maintained. Comments from people included: "Yes they do try to maintain my dignity and yes they are compassionate towards me and I still have my independence if only with my mind," "The staff are very good and will tolerate me being a nuisance," and "Yes the staff are very caring". Comments from relatives included: "Yes they treat my sister with dignity respect and compassion they always knock on the door before they enter," "The staff are first class and the care is first class", "The staff team look after everyone ever so well," and "The staff really care, I visit two or three times a week and I have nothing but praise for the staff who are wonderful".

Staff respected people's privacy and dignity. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, that they would ensure that people are covered during personal care or close the curtains to respect a person's dignity. Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. We saw that staff knocked on people's doors but not all staff waited for a response before entering. The registered manager told us that this is an area where he is reminding staff to improve their practice.

On the day of our visit a visiting hairdresser was in attendance and she was kept busy by residents who were enjoying having their hair done. During our visit we observed staff offering people choice and respecting their decisions, such as whether they wished to participate in the activity taking place in the lounge, or on what they wished to eat and drink. One staff member said, "We give people choices and involve them as much as possible in how they receive their care. People can usually tell us their choices and they will make themselves clear if they do not wish to be involved and we respect their decisions".

We saw that everyone was well groomed and dressed appropriately for the time of year. Staff told us people made their own choice in what they wanted to wear. One staff member said, "I usually lay out two or three choices and let the person decide. I just make sure that it is appropriate for the time of year so people do not get too hot or cold".

Throughout our visit staff showed people patience and respect. People were cared for with kindness and compassion and we observed some positive interactions between people and staff. We saw people encouraged to be as independent as possible during the inspection for example manoeuvring themselves to the dining table. Staff told us how they had built up relationships with each person and their family

members and that they enjoyed working at Aronel Cottage. One relative told us, "Staff are helpful and very respectful of my family member's privacy." Another relative told us "Staff are very good," and, another relative said, "I have nothing but praise for the staff who work so hard.

Good

Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said, "If I ask the staff for anything they will always help me". Another person said, "I have a call bell in my room and yes I know how to use it and when I have the response has been good and quick." Relatives said staff knew people well and were aware of their needs. One relative told us, "My sister has a call bell but is unable to use it but the staff come in to see her about every 30 - 45 minutes during the day but not sure about during the night". People had differing views regarding complaints. One person told us, "No I don't know how to make a complaint but if I did I would speak to my son & daughter and they would sort it out". Another person said, "Yes I know how to complain, I would go straight to the manager or one of the senior staff. I am sure they would sort things out". Relatives told us they would raise any issues with the registered manager".

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. One person told us "Yes they do promote my family to come and see me with no restrictions when they can come and go my wife comes every other day". Another said "Yes they are really good with my family and if there was a problem they would contact them straight away".

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

Not all people knew they had a plan of care however consent to care forms had been completed and signed by each service user. The registered manager told us that people and their relatives were involved in planning their care. People told us that they were quite happy with the care they received. We were told staff always involved them in decisions relating to their daily care and how they wished to spend their time.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. However care plans were not dated and in some files there were two or three care plans in place as they had been updated due to changing care needs. This meant that it was not clear which one was the most up to date. We discussed this with the registered manager who immediately altered the care plan template to include a date for when the care plan started. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified the support people needed and how support should be

given. People had care plans for the following: Washing, dressing, continence, mobility, daily routines, nutrition, risk assessments, and personal hygiene. These care plans detailed what people could do for themselves, what support was required from staff and details of how this support should be given. Staff we spoke with demonstrated a good knowledge of the care needs of the people they looked after and were able to describe the routines and preferences of the people. This was in line with people's care plans.

We saw in one person's care plan that the person was assessed as a very high risk of developing pressure areas. The home had obtained appropriate pressure relieving equipment which included an airflow mattress. However there was no information in the care plan about what the setting for the mattress should be. We spoke to a member of staff who knew that the setting was related to the person's weight and told us the setting should be medium. We checked this person's mattress and the setting was correct. However having the setting recorded in the persons care plan would ensure that the correct setting was maintained. We spoke to the registered manager about this and he told us that there were a number of people with air flow mattresses and he would check and ensure that the correct settings were recorded in people's plans of care. This will ensure that people were appropriately protected from the risk of developing pressure areas.

Care plans were reviewed monthly. However the monthly reviews did not always provide an evaluation of how the care plan was working for the person. We spoke with the registered manager about this who told us that he would introduce a form to use for care plan reviews and speak with staff to ensure that recordings reflected the effectiveness of the care plan and to highlight if any changes were needed. Staff told us that the care plans reflected the current support people needed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs. During the course of the inspection we observed that when people requested assistance by using their call bells, these were responded to swiftly by care staff.

Daily records compiled by staff detailed the support people had received throughout the day and night and these provided evidence that the care plan had been followed and appropriate care and support had been given by staff.

Staff told us they were kept up to date about people's well-being and about changes in their care needs at the handover which was carried out before commencing their shift. The handover gave an update on each person together with any additional information they needed to be aware of. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people During the inspection we saw an external entertainer engaging people in the morning. The activity seen was appropriate and the activities person encouraged everyone to participate. People appeared to enjoy this session. We saw a timetable of activities displayed on the noticeboard in the entrance foyer. Activities included exercise to music, musical entertainment, reminiscence, quizzes, garden club, voice therapy and karaoke. There was a large picture board with photographs of people's holidays, outings into the local community and activities undertaken in the home.

The registered manager showed us a large screen television with surround sound in the lounge area where film shows were staged. The provider had subscribed to an online film club so that up to date and older

films could be seen on the big screen. The provider had also installed superfast Wi Fi and a lap top computer so people could keep in touch with loved ones and staff told us they would assist anyone to access this facility.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with the registered manager or staff. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. Staff told us they would explain the complaints procedure to people if needed and they would support and assist anyone to make a complaint or raise a concern if they so wished. The registered manager had a complaints file and this showed that seven complaints had been recorded in 2016. They were all relatively simple complaints such as heating in one person's bedroom and had been responded to swiftly and in accordance with the homes complaints procedure. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Our findings

People told us the registered manager and all the staff were good and were around to listen to them. Comments from people included; "Yes the service is well led, communication is very good with the staff," "The staff and the manager are very approachable," "Yes I think it's well led by the management," and, "They do have a suggestion box in the porch but I have never used it". Relatives were positive about how the home was run and said; "I can't say anything about the home that is negative all is good and I have no problems," "The staff are very approachable and well led by the manager". and "The home always communicated effectively with me to let me know what is happening. I can't ask for better co-operation from each and everyone of them here".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. He encouraged open communication and supported staff to question practice and bring any problems to his attention. People, relatives and staff spoke positively about the registered manager. They told us that he was approachable and always available for help and support. Staff said they were confident the registered manager would make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager had good communication skills and that he was open and transparent and worked well with them. One staff member said, "I find that all of the management team are approachable and they will help us with anything".

The registered manager told us that he walked around the home every day and spoke with people to discuss any issues they may have. The registered manager said he always asked people if they were happy with how their care was delivered, how people were getting on, what had been going well and what not so well. However there was no record of these conversations so it is not clear how any concerns raised or praise given were used to influence how the service was run.

Regular residents' meetings also took place and these were facilitated by an independent person. There was no information on the numbers of people who attended. The minutes just stated that 'the meeting was well attended by residents and some residents unable to leave their rooms made their views known to the

facilitator in one to one meetings'. Topics discussed were; General Comments, the menu, activities and personal care. We saw minutes of these meetings but these were quite vague. There was no information about minutes of previous meetings and it was not recorded what action had been taken (if any) to address issues brought to the providers attention. Although the registered manager told us that people were able to influence how the home was run, the lack of information in the minutes did not provide evidence to support this.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager old us that staff had suggested changing the door opening in a person's room to gain more space inside the room. The provider had taken this on board and the door was moved resulting in more space for the occupant of the room.

The registered manager said they and senior staff regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

We asked staff about the provider's philosophy. Staff said that this was to provide people with a home from home with a cheerful friendly atmosphere. The registered manager said, "We are a family run home and like to think of everyone as our extended family". It was clear from speaking to the registered manager and staff that they all embraced this philosophy and were passionate about the job they did.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines and audits of concerns or complaints.

Annual external audits were also carried out by the supplying pharmacist and environmental health officials. The provider also employed an external auditor who carried out quality audits. The registered manager told us that the auditor produced a report to inform him of their findings. The registered manager said these quality assurance audits helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives and staff were supported to question practice and asked for their views about Aronel Cottage through quality assurance questionnaires. These were periodically sent out by the provider. We saw a compliments file that had numerous cards and letters from people and relatives. Comments included: "I am extremely satisfied with all aspects of the home, all staff are always pleasant and polite, mom is still very well cared for to a high standard,". "My sister receives splendid care from the staff team. It is a great comfort to know she is happy and well cared for," and "I would have no hesitation in recommending Aronel Cottage to anyone looking for that special place where care and attention are part of the fabric and where it is indeed a home from home".

The registered manager pointed out to us that Aronel Cottage has had over 75 positive reviews on the NHS Choices website. This website provides information to people about care facilities in their local area and provides an opportunity for people to give their views both positive and negative on the service provided.

Records were not always kept securely. Care plans which contained people's personal information together with records of their care and support needs were held in files which were stored on top of a cupboard in a seating area next to the entrance hall of the home and adjacent to the office. These were easily accessible for staff but were also accessible to anyone. This meant that people's records were not kept securely. We

spoke to the registered manager about this and he told us that the files were left so that staff had easy access. He felt that if these were locked away staff may not complete records timely and accurately. He also said he could monitor who was looking at the files through a window in the office which was next to where the care plan files were kept. However we saw he was not in the office all the time and care plan files were left out when the office was not manned. The registered manager said to provide more security for care plan files he would ensure that a lockable cabinet was put in place so that care plans could be kept securely and locked away when not in use. We spoke with the registered manager after the inspection and he was able to confirm that care plan files were now kept secure in the office at the home until a secure cabinet could be obtained.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that Fit and Proper Persons were employed as recruitment practices were not operated effectively