Destiny Nursing & Care Agency Ltd

Willows Residential Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out this inspection on the 25 November 2015. It was unannounced.

Willows residential home is a care home providing accommodation and support for up to 10 older people who are frail and may be living with dementia. It is over two floors and stairs access only to the first floor. At the time of the inspection nine people lived at the service.

The provider /registered manager of the service has been in post since March 2015. 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.

Summary of findings

Medicines were not managed safely. People may not have received their medicines as prescribed. Audits of medicines had not picked up the errors to ensure people were getting the medicines they had been prescribed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications were being completed in relation to DoLS. The providers understood when an application should be made. They were not however aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service needs to make further applications to meet the requirements of the Deprivation of Liberty Safeguards.

People were given individual support to take part in their preferred hobbies and interests. There had been an increased range of activities. However there were no planned trips out of the home, we have made a recommendation about this.

The provider was planning to extend the property, to give more space and include a lift for easy movement around the home.

People told us and demonstrated that they were happy at the service by showing open affection to the staff who were supporting them. Staff were available throughout the day, and responded quickly to people's requests for care. Staff communicated well with people, and supported them when they needed it.

There were systems in place to obtain people's views about the service. These included reviews and informal meetings with people and their families.

People were confident that the manager would deal with any complaints appropriately. People and relatives told us they had no concerns.

Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. The provider and staff contacted other health professionals for support and advice.

People were provided with diet that met their needs and wishes. Menus offered a choice. People said they liked the home cooked food. Staff made sure that people had plenty of drinks offered through the day. We observed lunch being served and people were happy with their choice. Staff gave appropriate support to people who needed assistance to eat their meal.

Staff in the past had been recruited safely. However the home has a very low turnover of staff and there have been no new staff recruited.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant changes to reduce further harm.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There medicine procedures had not made sure people received their medicines as required and prescribed.

People and /or their families told us that they felt their relatives were safe living in the home, and that staff cared for them well.

Staff had been recruited safely. There were enough staff deployed during the day to provide the support people needed.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Requires improvement

Is the service effective?
The service was not always effective.

People's families said that staff understood their relatives' individual needs and staff appeared trained to meet those needs. However, there was a lack of documented care plans.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. The providers understood when some DoLS application should be made. They were not however aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The menus offered variety through the week but choice was limited for the main meal of the day.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Requires improvement

Is the service caring?
The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People and families were given information on how to make a complaint and the provider took appropriate action to resolve complaints with in the agreed timescales.

People were supported to maintain their own interests and hobbies.

Is the service well-led?

Requires improvement 

The service was not always well-led.

There were quality assurance processes in place. However, these were not always effective in identifying issues that required action.

People and their families view were sought to monitor and improve the service being offered.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

Willows Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 the 25 November 2015 and it was unannounced. The inspection team consisted of an inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone whose uses this type of older person care service.

We spoke with eight people. We spoke to two relatives and one health and district nurse who were visiting during our inspection. We also phoned three other relatives to find out about care the service provided. We looked at personal care records and support plans for four people. We looked at the medicine records; activity records; and one staff record all staff had been employed by the previous owner. We spoke with the providers/registered manager, two deputy managers, two members of care staff and one domestic staff member. We observed staff carrying out their duties, such as giving people support at lunchtime.

Before the inspection we examined notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

This is the first inspection of the service since it changed ownership.

Requires improvement

Is the service safe?

Our findings

People said that they felt safe in the home. People said for example, "I definitely do feel safe", "I am safe "oh yes, no one can get in unless seen by the staff, 'oh yes" and a lady new to the home stressed, "I do feel safe". She commented, "Nothing has gone missing". All of the relatives spoken with said that they felt that their loved ones were happy at the home and safe. One relative on the phone, stated, "Absolutely safe, of course" and another said, "She is very safe, we have no worries there.'' A third noted, "It is very safe there" and a forth elaborated on her answer: "She is very safe. We have no concerns. We wanted things to be right, and they are. We have no hesitation in going away as we know she is well looked after".

An audit of medicines by us showed that some medicines had been signed as given when they had not. Staff who administered medicines had received training and their competency had been checked. Local pharmacy had checked staff competency when they provided training of the system they supplied. The medicines were mainly dispensed in a MDS (monitored dosage system). Not all medicines can be dispensed this way as some medication must stay sealed until just before it is taken. This medication is dispensed in the original packaging. All medication dispensed was written on to a MAR (Medication Administration Record) Sheet. We checked medication that had not been put in to the MDS. We found that in a number of cases staff had signed for medicines that had not been given to them. For example, we found that the Frusimide 20mgs, at the start of the month there were 28 tablets, 22 had been signed as given but there were 8 tablets in the box, this showed that staff had signed the sheet but not given the medication. We then looked at the Co-codramol 10/500mgs, there were 199 in stock at the beginning of the month, however we found again there was 123 tablets in the box instead 121 as 78 had been sighed for. We looked at PR Naproxien 500mgs there were 56 and none were carried over from the previous month, there were 12 left and this was correct. Co-codamol 30/500 Total at start of month was 290 and 114 had been returned to pharmacy, 180 tablets had been taken so 110 should have been left. However there were 130 left in stock. This meant people were to receiving their medicines as prescribed.

The examples above showed the provider was not managing people's medicines safely. This was a breach of Regulation 12 (1) (2) (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with had a good understanding of the medicines systems in place. A policy was in place to guide staff through ordering, administering, storing and disposal of any unwanted medicines. The medication policy and procedures had been reviewed on the 23 June 2015. Medicines were booked into the home by staff and this was done consistently with the homes policies. MAR sheets seen had been completed with the correct and required personal information.

Risk assessments of the environment were reviewed and plans were in place for emergency situations. The staff knew how to respond in the event of an emergency, who to contact and how to protect people. However, there was not a completed a PEEP's (Personal Emergency Evacuation Plan) for each person.

We recommend that the provider seeks professional advice about how to conduct an assessment and produce a PEEP for each individual living in the home.

Equipment checks and servicing were regularly carried out to ensure the equipment was safe. These included six monthly inspections and maintenance of the hoist and fire detection and alarm systems. Environmental risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. However, we were concerned that the hot water in a couple of people rooms was extremely hot. The provider said that there were thermostatic valves on the sink taps. They were not testing the hot water regularly each month. These valves can fail and may need adjustment from time to time.

We recommend that the provider seeks professional advice regarding the safeguards re the temperature of the water supply in the home.

The provider had plans to extend the home and increase the communal space in the home as well as incorporating a passenger lift to access freely the first floor. There was

Requires improvement

Is the service safe?

on-going maintenance of the premises was being undertaken and the provider told this included redecoration. There was a record of the day to day maintenance and weekly checks such as testing the fire alarm, replacing light bulbs, checking call and fire alarm systems are working correctly. The grounds were also maintained on a regular basis to make the area pleasant and safe for people to use.

We found that people's care files documented risk assessments and the strategy that protect people from harm. For example, there were risk assessment about diabetes, and the signs for staff to look for if the person had too much or not enough sugar in the blood. We did find risk assessments on file, and the strategy to help people who were prone to falling. For example, a carer was seen guiding a lady who walked to her armchair using her walking frame. The staff member clearly said her to "keep using your frame" when she reached for the chair too early they showed her how to turn slowly to keep the transfer safe. Risks assessments seen on files also included mobility and falls. They all had a recorded risk strategy to minimise people's risk of harm. Risk assessments were being reviewed. Accidents and incidents were clearly recorded and monitored by the provider to see if improvements could be made to try to prevent future incidents.

The provider told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find staff to assist people and people in the down stair lounge were not left alone for more than a few minutes.

There were suitable numbers of staff to care for people safely and meet their needs during the day. The staff duty rotas showed how staff were allocated to each shift. The rotas demonstrated there were enough staff on shift, when staff were off sick or on annual leave their shifts had been covered at all times. Staff said "If a person telephones in sick, the person in charge rings around the other carers to find cover all the staff were every committed to the home and cover straight away. The staff only go sick if they are really ill". There was evidence on the rota where this had occurred. This showed that arrangements were in place to ensure enough staff were made available at short notice.

There were no domestic staff at the weekends so the care staff cleaned and looked after the people. The provider realised this and said it is not ideal but they had had problems recruiting domestic staff. The home only has one member of staff on shift in the home at night. The provider explained that she and the senior staff were on call and would be at the home quickly if they needed assistance. However they do have a person who needs two staff to mobilize at night. Although, we were told this was their choice at this time. The provider said that they were keeping this situation under review, and once more staff were needed at night then staff will be made available.

Since the new provider had taken over the home staffing had remained the same. Therefore there had been no new recruitment. The home has for many years had a very low turnover of staff. There was a policy and procedure in place that if followed would make sure staff were recruited safely.

People could be confident that staff had the knowledge to recognise and report any abuse. Staff had received up to date training giving them the skills and knowledge needed to care for the people in the home safely. For example, staff spoken with were aware of how to protect people from abuse and the action to take if they had any suspicion of a person being abused. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. The provider was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

Requires improvement

Is the service effective?

Our findings

One relative told us, “They are brilliant here if ‘she’ gets upset about the loss of her husband. They don’t collude or lie to her. We have talked about this, what we want at this stage, and they all go with it.” Another said, “They go along with her funny little habits” and “The way things are arranged such as the toilet paper”. A third stressed, “You feel confident with them all here. This is our first experience of residential care so we did not know what to expect and they are very reassuring.”

People comments about the main meal indicated that there was not much choice involved. One lady said, “I enjoy the food. The dinner is a set meal but if you don’t eat it, they can do something else.” Another also said, “There’s no choice really, you either like it or you don’t!” Another said, “Excellent food here. A good choice at breakfast and quite a good choice at teatime”. A third commented “it is good food. I usually like it” and a fourth person said, “The food is good”. Upstairs, one person told us “They are good, they do me a small lunch and I like toast at breakfast and tea.” A relative said, “There is a good variety of food, they are given a choice at teatime, certainly. The food looks nice” All agreed that they had enough food, with a lady saying, “There is definitely enough and if you need something else, they will get it for you.” Another stressed, “There is plenty of it!”

At lunchtime four residents ate from small tables in the lounge. Another had a lap tray and managed well. One lady did not look comfortable. Her table was to one side of her, as her feet were elevated. (She was later given her dessert on her lap and managed much better). The food looked appetising and well presented. All but one had been given the cottage pie with a choice of either cabbage, carrots or both. Residents were offered seasoning and juice to drink. The television was left on throughout but there was always at least one carer in the room who talked to the residents. No clothes protectors were used and one lady was concerned, saying, “It is going all over me”. There were no napkins, and one lady wiped her mouth on her blanket. A lady in her room with her lunch told us that this was her preference because she had lived on her own for so long.

We recommend that the provider seeks advice on making sure that people are offered real choices at all meal times.

All felt that they had plenty to drink. One said, “I like coffee and cold drinks. Water, sometimes lemon and lime.” Another said, “They are making tea and coffee all the time. Even if I am in bed, they will bring me drinks and juice as well.” A third told us “The water jug is fresh. And there are cups of tea.” Another lady stressed, “Definitely enough to drink. I am drowning in tea sometimes!” all of the residents seen had a drink within reach. The menu did not show choices for lunch, although there were choices at breakfast and tea time. Staff knew people’s preferences and if they were on special diets. Care staff weighed people monthly and recorded the weights in their care plans. They informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Staff recorded what and the amount of food that people ate; in this way they monitored people to make sure they were eating a sufficient and well balanced diet. One person will only eat one meal so the staff make sure they get that every day as is their preference. The staff have tried other meals but the person won’t touch them, other health professional are aware of this.

Staff told us that they had received induction training, which provided them with the knowledge to provide peoples care safely. The registered manager explained that new staff in future would shadow experienced staff, and not work on their own until they have been assessed as competent to do so. The home also supported staff to complete the new care certificate recommended by skills for care. This course once completed satisfactorily would provide evidence toward their next vocational award. All care staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as moving and handling and health and safety. Staff were trained to meet people’s specialist needs such as stroke care awareness. This training helped staff to know how to empathise with people who had a stroke and know about the associated mood swings.

Staff were supported through individual one to one supervision meetings and yearly appraisals. The provider undertook the supervision of the deputy managers supporting them to access necessary training and courses

Is the service effective?

to further their skills and knowledge. The deputy managers in turn had started supervising care staff. Supervision was going to take place twice a year although good practice would see supervision be undertaken every 6 – 8 weeks. All staff had an annual appraisal planned. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Staff told us that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. Staff were aware that the provider was available for staff to speak to at any time, by phone if they were not in the home. Staff were positive about this and felt able to discuss areas of concern and make suggestions. Staff we talked to told us it was important to them to work as a team. This was evident in the way the staff related to each other and to people they were caring for.

We recommend that the provider seeks advice from a reportable source regarding the need for regular staff supervision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider had received training was aware of the process to follow to make a DoLS applications. The provider was not aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. However, the provider now intends to complete an assessment for all the people being cared for and make an application for those who fall in to the newer category. Any application or consideration of DoLS starts with the assessment of their ability to make decisions. It is not until they are assessed not to be able to make the decision that a DoLS is considered. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use this in practice.

Before people received any care or treatment they were asked for their consent. People smiled when staff spoke to them and responded, sometimes there was friendly banter going on between the people and staff. Staff asked people before assisting each person for example they asked them if they wanted their legs elevated and before assisting them with any personal care such as helping them to get out of the chair, or taking them to the bathroom.

The registered manager had procedures in place to monitor people's health. Referrals were made for people to access health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. Relatives told us that their family member's health and well-being had been discussed with them that they had been kept fully informed of any changes in their relatives' condition.

Good

Is the service caring?

Our findings

People told us they felt well cared for, one person said "Nothing is too much trouble, you're never made to feel a nuisance". Another said, "They are very helpful staff, all of them." A third noted, "They are very good staff. If you need something, they will get it for you". One person joked, "I could slaughter them at times!" they then added, "They are good and helpful. I do feel looked after".

People and relatives spoken with were happy with the care given. One relative said, "We are very happy with the care here". She gave an example, saying, "They found out her likes and dislikes really quickly." Another said that they were "Generally happy with it all" and said that "The girls are very friendly, nice and cheerful, so it makes for a good atmosphere." On the phone, a relative said, "I am more than happy with the care there. I cannot praise them enough." Another commented, "We couldn't fault it at all. They are first class staff there. And I feel happy because she is happy there."

All of the visitors spoken with told us that they could visit with no restrictions: one explained, "We are definitely welcome here: we come in a lot with no problems at all." Another said, "We are made very welcome and they offer us coffee too!" a third commented, "You can come and go whenever you want to. You are never in the way and they offer you tea as well." Someone else noted, "They offer us tea, whenever we come in." And one of the residents reported proudly, "They offer my visitors tea as well!"

The Community Nurse said, "it is a lovely Home with friendly, helpful staff and well cared for residents." She added that she was currently coming in everyday to administer insulin and so was in a good position to say this. A general practitioner had written in the compliments book in May of this year: 'Personal care to patients very good. Staff are very enthusiastic and helpful when dealing with patients'.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted with about their family member's likes and dislikes, and personal routines. Staff encouraged people to make choices throughout the day. Such as, what they wanted to eat, what time they got up, whether they wanted to stay in their rooms. People had personalised their bedrooms according to their individual choice. For example family photos and pictures on the wall.

All staff questioned had an extremely good understanding of each person's preferences and their care needs. They explained how they managed certain people and encouraged people to maintain their independence. One member of staff said "It's important to give people time to do as much as they can for themselves, they feel better if they have been able to do that". Another said" It is wrong to do everything for them, in the end they would not be able to do it for themselves".

Changes in care and treatment were discussed with people or their family or representative before they were put in place. People and/or families were included in the regular assessments and reviews of their individual needs. People felt they could ask any staff for help if they needed it. People were supported as required but encouraged to be as independent as possible. In this way people were receiving the care that met their needs and preferences.

Staff supported people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Dignity was maintained when quietly asking a person if they need assistance to go to the toilet. Staff chatted to the people they were helping them and checked that they were okay, until they had completed a given task. If staff were helping people mobilise for example and took them back to their chair then staff checked that they had everything they wanted nearby.

Good

Is the service responsive?

Our findings

People told us that staff were good at anticipating their needs. One person said, “They get to know you and we get to know them! They always know when I want to get ready for bed, and then I can get in at any time. And they know I like my room hot! It is lovely.” She added, too, as another example, “As soon as they know, they are good. So when I had a tummy upset, they were very quick to empty the commode. They come in to check and clean it all.” Another person explained, “I get so as I have accidents and so cannot go out. The staff are pretty good about it here.”

When we asked about activities that happen in the home we had very mixed responses. At least two relative did show some concern, though, about the level of activities. One relative said, “They are generally happy and content, but there is not much stimulus here. The occasional bingo session but not often, and this has not changed under the new manager. There was an activity co-ordinator who is a carer but often does activities in their own time. The home does do a range of activities but rather than have a plan they ask people what they would like to do. They have one person who really enjoys calling the bingo, and last Sunday they had bingo with the people in the home and the relatives that visit. There were prizes that are supplied by the provider. The home do things like quizzes, pampering sessions, exercises and game of cards, ball game, and some craft i.e. making cards. Activities are available most days even at the weekend when the homes staff were covering all tasks.

People and families were asked about the hobbies and interests that people liked on admission to the home. The information was used to make sure that where possible people were still able to follow interests and hobbies. In the actives file which appeared to have been started in May, they do not have activities daily although staff said that they do ask. There was one person who was a Jehovah witness, they went to the Kingdom Hall most weeks. The local school visited at the home for Christmas. However, outings into the local community were not being planned, so people did not have the opportunity to be involved in the local community. People only went out if their families took them. They do have one person who goes to Age UK once a week.

People also made comments about the lack of activities, for example they told us “It is boring here, just sitting about doing nothing. I try to read and write my poems.”, “Staff haven’t got the time to talk and the others just watch the television.” “There are occasionally things to do: a lady comes in to play bingo, but it is not for me.”, “Activities? Not all of the time. There are some get together sometimes. I occasionally go downstairs for parties but it is quite an effort.”, and another said “We play bingo and all different things. We had a quiz that lasted all the afternoon here.” A visitor noted, “I think there is enough for them to do. They asked my relative about going to Age UK (day centre) but she wasn’t ready then. I think they will ask her again later”.

In the afternoon, five residents, one relative and two carers played ball games in the lounge. A light, blow-up ball was used; all of the residents participated and enjoyed it. They all remained alert and involved throughout and the carer leading the activity offered plenty of praise and encouragement. Another carer, upstairs, carried out a one to one activity with the gentleman up there: she asked him to find suitable quiz questions which she typed up, saying that they were for him to use at the next quiz. Both sounded as though they were enjoying deciding which questions would go down well with the others, the man especially. One resident had gone for an appointment and two others were sleeping, this meant that all residents who were awake were actually involved in the afternoon. The activities records had not been kept up to date, and the last entry was over a month before. We did see a photo that was taken the previous weekend when people had played bingo, therefore we knew that activities had taken place but not been recorded. Staff told us that they do try to do something every day but not all the people are interested in doing something, unfortunately staff had not documented when people had been offered but refused. We did find that people are not offered trips out and there is little happening to make sure that people are still involved with the local community. The registered manager said that they planned to start with short trips out so people can get used to going out again. We were told that the activity co-ordinator is planning with help of care staff to take people out for a coffee or to visit a local garden centre in small groups. The places will be visited by staff first to make sure they have suitable facilities. It is hope that people in this way will be able to take part in community events in the future.

Relatives found staff responsive: one commented, “I asked for the medical notes that I needed and they got them for me. I have asked for the financial information, they now

Good

Is the service responsive?

send this regularly." She did add, however, that her relative "Was not always ready when we have asked for her to be. She is today." "They keep in touch all the time." They also added, "they all have stories to tell me about her when I come in!" A third also commented, "If they have any concerns at all, they will meet me at the door and chat. They are very good like that." A forth said, "Communication is brilliant here: as soon as the (medical) letters come, they let us know. They let us know everything straight away."

Someone talked about using their call bell: "I think there is only one at night so if I hear them talking, I wait to use the bell. Then they come." She also added, "I've put my bell around a pillow so it doesn't get lost." Another also said, "there is only one at night, but she is really great and quick to come if I buzz." A man noted, "I only use it to say that I'm ready for my breakfast! I like to use my own cup and nearly all the time they find it". Another person downstairs explained, "I occasionally use it, and I don't wait very long."

The complaints procedure was seen on the notice board above where visitors sign in when they arrive at the home. We asked people about making a complaint, no one said that they had raised any concerns or had cause to. One person said "The staff know straight away if we are not our usual selves or we don't seem happy. Staff then want to know what is wrong, they are so caring they soon sort things out if they can. Sometimes I think we get miserable because we are just old and can't do the things we would like to do. The staff soon have us smiling again!" One visitor said, "She has no complaints and nor do we; none at all. So we've never had cause to look into how to complain." Another said, more than once, "We have no concerns whatsoever. Initially, I would see the deputies or any of the staff." Similarly, someone else answered, "I'd see the manager or the deputies, but I haven't needed to" and another said, "We have no worries at all. I would see the manager, but I haven't needed too."

The registered manager carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in discussions about the care and support they are likely to need. This information had been documented and that a care file had been started. It gave the staff an understanding of what support the person needed and staff said this was an important part of encouraging people to maintain their independence. People's needs were risk assessed by the registered manager and care and treatment recorded in people's individual care file. The information was then reviewed during the trial period and necessary changes made to make sure the person received all the care and support that was needed. However, the information in people's files about their care needs and routine was not recorded on a care plan so was not easily found. The new provider had recognised this and had designed a plan of care and support so staff would have all the necessary information could be found in one place. The registered manager explained that these plans would also be person centred, reflecting people's individual needs and preferences. They would also be written with the person and their family.

There were no restrictions on visiting. Relatives commented, "I always feel welcome, staff always know where I can find mum", "Things were a bit stressed for a while but staff are always very welcoming" and "I like visiting here staff are always so kind".

Requires improvement

Is the service well-led?

Our findings

The provider and the staff were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. People knew the new provider/ registered manager. One person said, "I met her when I looked over the place and she always talks when she comes in." Another person with an acknowledged poor memory, said, "The owner is 'X' [Name], she seems nice. Says hello". Other people commented for example, "I have met 'X' [Name], several times. A nice lady". A relative explained "I would see 'X' [Name], if I needed to. She's okay". Another commented, "I've spoken to 'X' [Name],, she seemed to be on the ball and knows the business." He also added, "she has big plans for the Home, like a lift and a better garden, which will be nice."

The provider/registered manager also audited the systems and the premises to identify any shortfalls or areas for improvement each month. Their findings were discussed with the provider and where necessary action plans were put in place for improvement action was being taken to make improvements whenever possible. For example, they had identified that the PAT (portable appliance testing) certificates were out of date and they had arranged for this testing to be done. We looked at the cleaning schedule, this was being completed but needed to be more detailed and staff at the weekends need to document any cleaning they undertook, which were not being documented at the time we visited. The provider was looking at the audits to see if these could be improved. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, and accident and incidents. We found for example that the COSHH file needed to be up dated to make sure that all the chemicals used in the home had a sheet with the first aid required if it was spilt on skin or drunk. This along with the medicines error showed that the systems were not always effective. Although care and support plans have yet to be written the information was available within the file and had been kept up to date.

The examples above showed the provider did not have systems in place to assess, monitor and improve the quality and safety of the service being provided. Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The 'homely' feel was praised: "It is a warm place" said a relative, "A smaller type but homely and we like that. It may not have the best of facilities but it is a proper Home." Another said, "We looked at lots, we wanted to get it right and this one was so homely". One person was concerned that there was no type of lift in the home which meant that some people had to be able to negotiate the stairs. Although there were suitable rails some people were finding this more difficult. Therefore the people and families were pleased with the provider's plans to extend the home and include a passenger lift. The extension would also mean staff would have a room, the laundry would be in a room of its own. Planning permission has already been passed. This would make the home more accessible and suitable for the people living there.

People were asked for their views about the home in a variety of ways. These mainly informal meetings; events where family and friends were invited; and there would be an annual surveys. People and their families told us that there was good communication with the staff and provider. This meant that people were being asked about their experiences of the service to improve or monitor quality. The provider explained that dialog was important as they were going through a period of change regarding the management and premises.

Staff understood the management structure of the home, their roles and responsibilities in providing care for people and who they were accountable to. Communication within the service was facilitated through a regular handover of information between the different staff shifts. Minutes of staff meetings showed that there had been two since the provider took over in March 2015. It showed staff were able to voice opinions and these were listened to and acted upon. One of the things discussed was how they could improve the activities for the people.

There were a range of policies and procedures governing how the service needed to be run. These needed to be reviewed, to make sure that they reflected the changes in the regulations and the new fundamental standards. These were available to staff.

From our observations and what people told us, staff understood the homes aims and values and were putting these into practice. It was clear that staff were committed to caring for people, responding to their individual needs while improving their quality of life. For example, staff morale was high, there was almost zero staff turnover, and

Requires improvement

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very little staff sickness. This staff commitment had a positive effect on the people they looked after. People in the home knew the staff and there was continuity to the care they offered.

The registered manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent to tell us about incidents and accidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the manager understood their legal obligations.

There had been a residents meeting. For example, the menus had been discussed and the activities. There had not been a families meeting yet. The visitors reported that the Home did not have relatives' meetings, but none saw this as a lack. One said, "I am in most days", meaning that the Home could easily communicate with her. Another, too, said "There aren't any meetings but they can talk to us all the time". Another relative said that the staff keep in touch with the family they always know what is going on and we can make suggestions and we know we listened to. One relative was very pleased and said "His finances are all looked after and they helped to create a system whereby he has enough money and it is all accounted for."

The staff meeting notes since the registered manger started were detailed and available to staff. Issues raised were about improving things for staff and the people. One of the things discussed was about how staff communicated to the people and their families. The staff were reminded that they needed to be professional and to work as a team. The staff rota was looked at, in future only the registered manager could write in the rota and make changes. The registered manager explained that staff supervisions would be starting and would be every three months, staff would be observed working with people and this would form part of the supervision process. Staff were also told that they would have an appraisal annually. The staff were told about the CQC inspections and what was needed of them, what will be inspected and how staff should assist the process. Copy of the meeting minutes were made available to all staff.