Orchard Care Homes.Com (2) Limited

Rastrick Hall & Grange

Inspection report

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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

This inspection took place on 10 and 11 May 2017. The first day was unannounced, the second day the provider knew we were returning. The service was previous registered as two separate entities – Rastrick Hall and Rastrick Grange. In July 2016 the provider registered Rastrick Hall and Grange as one entity. This is the first inspection of the service since that registration.

Rastrick Hall and Grange provides accommodation and personal care for up to 79 older people, some of who may be living with dementia. There were 70 people using the service when we visited. Accommodation is provided over three floors with lift access to each level. All bedrooms are single occupancy with ensuite facilities. There are a variety of lounge and dining areas on each floor.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on both days of this inspection.

Prior to the inspection we had received concerns about staffing levels, the food and the lack of supplies of personal protective equipment (PPE) such as gloves and aprons. We looked at all these areas during our inspection.

Although some staff were not happy with the staffing levels, people and relatives felt there were enough staff and this was confirmed in our observations. We saw staff were available and responded promptly to people. Staffing levels had increased on days and nights over the last 12 months and the use of agency staff had decreased which had resulted in a more stable staff team who knew people well and how to meet their needs.

Safe medicines management systems were in place and were being monitored through regular audits. This helped to ensure people received their medicines when they needed them. Robust recruitment procedures were in place which helped ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

People told us they felt safe and this was echoed by relatives we met. Staff understood safeguarding procedures and how to report any concerns. Safeguarding incidents had been identified and referred to the local safeguarding team and reported to the Commission. Risks to people were assessed and managed to ensure people's safety and well-being.

People told us they enjoyed the food. We saw at lunch and breakfast people were offered choices and given the support they required from staff. A choice of meals, snacks and drinks were provided throughout the day. However, staff told us although people never went without food, the quantity and quality of food

varied. They described times when they had run out of essentials such as bread and milk which meant the registered manager had to go and buy supplies from a local shop. They also said the quality of some of the foods had reduced for example people were now being given pollack instead of salmon which they did not like. We have made a recommendation about the food supplies. People's weights were monitored to ensure they received enough to eat and drink.

The environment was clean and well maintained. We saw plentiful supplies of PPE throughout the home, although staff told us there were times in recent months when supplies had run out. The registered manager confirmed this had happened however they assured us systems were now in place to make sure there were ample supplies of PPE at all times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they liked their rooms. People and relatives praised the staff who were described as kind, caring and considerate. People told us they were treated with respect and this was confirmed in our observations. People looked clean, comfortable and well groomed. We saw people enjoyed activities taking place during the inspection and people told us of other activities they had taken part in.

People and relatives told us they felt able to raise any issues or concerns and were confident these would be dealt with appropriately. Records showed complaints received had been investigated and the outcome communicated to the complainant.

We saw people received care tailored to meet their needs however the registered manager recognised the care plans needed more work to fully reflect the person centred care being delivered. We saw people had access to healthcare professionals such as GPs and district nurses. A healthcare professional who visited the home daily told us it was 'a really good home'. They said staff communicated well, reported any issues promptly and appropriately and acted on any advice they gave.

People, relatives and staff spoke highly of the registered manager and care manager who they described as approachable and friendly. Effective quality assurance systems were in place and we saw actions had been taken when issues had been identified.

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.

Medicines management was safe and effective and people told us they received their medicines when they needed them.

Staffing levels were sufficient to meet people's needs in a timely manner. Staff recruitment checks were completed before new staff started work to ensure their suitability to work in the care service.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were recognised, dealt with and reported appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received the induction, ongoing training and support needed to fulfil their roles.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met, although the consistency and quality of food supplies was variable. People's healthcare needs were assessed and staff supported people in accessing a range of health professionals.

Is the service caring?

Good

The service was caring.

People and relatives said staff were kind, considerate and caring and this was confirmed through our observations.

People's privacy and dignity was respected and maintained. People independence was promoted.

Is the service responsive?

Good

The service was responsive.

People received person-centred care although the care records required more detail to fully reflect this.

People told us they enjoyed the range of activities provided which included trips out

Complaints were recorded and dealt with in accordance with the provider's complaints procedure.

Is the service well-led?

Good

The service was well-led.

Leadership and management of the service was consistent and effective.

Quality assurance systems were effective in assessing, monitoring and improving the quality of the service

Rastrick Hall & Grange

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 inspection took place on 10 and 11 May 2017. On the first day of the inspection, which was unannounced, there were three inspectors and an expert by experience with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, which was announced, two inspectors attended.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We spoke with 14 people who were living in the home, 13 relatives, three senior care worker, three care workers, a domestic, the chef, the activity organiser, the deputy manager, the care manager and the registered manager. We also spoke with a visiting healthcare professional.

We looked at six people's care records, four staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel safe, I am not worried about anything", "I'm safe, well looked after, you are well looked after here" and "Yes, I feel safe here, more than I did at the home I was in before." Relatives were also confident their family members were kept safe. One relative said, "The staff here are vigilant and skilled in caring for people with dementia. Without a doubt people are kept safe" and "I feel (relative) is extremely safe and I am contented."

Staff had a good understanding of safeguarding and knew the procedures to follow if abuse was identified or suspected. Staff confirmed they had received safeguarding training and this was reflected in the training matrix. We saw appropriate action had been taken in response to safeguarding incidents and these had been correctly reported to the local authority safeguarding team and the Care Quality Commission.

Risk assessments were in place which covered areas such as nutrition, falls, moving and handling, skin care and bed rails. The registered manager had identified some of the assessments were more detailed than others and was taking steps to improve consistency. We saw staff were observant and intervened promptly to ensure people's safety. For example, when one person began to move around without their walking frame, staff quickly brought this for them and reminded them to use it. When two people began to disagree staff diverted their attention to prevent an altercation.

Staff told us emergency procedures were practised regularly to ensure a quick response and we saw evidence of regular fire drills in the records we reviewed. Records we reviewed showed regular checks were undertaken on the premises and equipment. These included the fire, electrical and gas systems, lifting equipment and water temperatures. A system was in place for staff to report any issues with the building to ensure they were promptly repaired.

Prior to the inspection we had received concerns about the staffing levels and the high use of agency staff. However, we found there were sufficient staff to meet people's needs. People and relatives we spoke with told us the staffing levels had improved and the use of agency staff had decreased. People said staff responded promptly when they rang their call bells for assistance. Comments included; "I'm impressed with how quickly staff respond when I press my buzzer. Where I was before (another home) I had to wait a long time", "They come straight away to my buzzer or my pressure pads alarms", "Staffing has improved, staff are more visible now. I've no concerns", "I visit three or four times a week. Agency was a big issue but not anymore. There's always staff around when I come", "Most of the time there are enough" and "There are enough for my mum's needs, they can be stretched if a lot need care at the same time."

There was mixed feedback from staff. Some told us the staffing levels were fine, whereas others felt there were not always enough staff. The registered manager told us staffing levels had been increased during the night and day over the last 12 months and the use of agency staff had reduced. We saw a tool was used to calculate staffing levels based on people's dependencies, which showed staffing was regularly reviewed to ensure there were enough staff to meet people's needs. We observed staff worked well together as a team making sure they met the needs of people in communal areas as well as those who chose to stay in their

rooms. We saw staff were prompt in responding to people's requests for assistance and made every effort to offer additional support where people needed this. For example, one person called out continuously and staff sat with them frequently to give one to one attention.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and two written references were obtained before new employees started work. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Prior to the inspection we had received concerns about the service running out of supplies of personal protective equipment (PPE), such as gloves, aprons and cleaning supplies. We found there were plentiful supplies of PPE in stock throughout the home, including the laundry and on cleaning trolleys. However, care staff said there were times when supplies ran out and managers had purchased temporary supplies locally, although some felt this was not sufficient. We discussed this with the registered manager who confirmed there had been times in recent months when supplies had run out but assured us this had now been addressed and sufficient stock was now being ordered to ensure this would not happen again. We saw staff used PPE appropriately. People and relatives told us the standards of hygiene and cleanliness in the home were very good and this was confirmed through our observations. One relative who visited daily said, "It's always clean and there's no smells. They do a good job."

People told us they received their medicines when they needed them. One person said, "I get the right pills at the right times." The service used electronic medication administration records (eMARS) and laptops had been provided on each floor of each unit. At the time of the inspection one lap top was broken and not in use and a second one, although in use, had a problem with the screen. This meant three floors of one unit were sharing two lap tops. Staff told us this had resulted in the administration of some medicines being slightly delayed. The deputy manager told us although the problems with the laptops had been reported to head office over three weeks ago, it had not yet been resolved. The registered manager told us they would follow this up immediately.

Systems were in place to ensure people received their 'as required' [PRN] medication. We saw staff asked people if they needed any pain relief during the medicine rounds. Staff told us none of the people using the service received their medicines covertly.

Paper MARs recorded the application of topical creams and body maps illustrated where the cream should be applied. Some charts were well completed however others were not. For example, one person's chart did not specify how often the cream should be applied. Staff told us people sometimes ran out of their prescribed creams and we saw two people had been without a barrier cream for two days. The deputy manager told us this had now been addressed and a new system was in place to make sure there were always creams in stock. We saw this system was being followed.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained.

Overall we found medicines, including controlled drugs, were stored safely and appropriately, however, a recent medicine audit found one clinical room was too warm. Staff had removed all stock medicines to another clinical room until a cooling unit could be obtained, but the medicine trolley containing current medicines continued to be stored in this room. The registered manager took action to address this situation immediately.

Medicine fridge and clinical room temperatures were recorded daily. There had been a short gap in recording the room temperatures but this was promptly addressed by the registered manager. Safe systems were in place for the receipt and return of medicines. Staff who administered medicines had received training and annual competency checks. Medicine audits were carried out regularly and showed any issues identified were addressed without delay.

Requires Improvement

Is the service effective?

Our findings

Prior to the inspection we had received some concerns which suggested people were not receiving enough food, portion sizes were too small and there were inadequate food supplies.

People we spoke with told us they had sufficient to eat and were positive about the cooking and the meals. Comments included; "They are very good, lots to eat, plenty", "The food is alright, plenty to eat" and "There is plenty to eat but not big meals more like snacks, you don't go hungry." Relatives also felt people received sufficient to eat. One relative told us their family member had gained weight and said, "There's a choice of different food, plenty of variety. My [family member] is always reminded to drink plenty." Another relative said their family member was not a good eater and often did not want their evening meal so staff put aside food they liked so they could have it later.

We observed breakfast and lunch and saw people enjoyed the food. A varied choice was offered for breakfast which included a cooked option. Some people asked for jam sandwiches which staff provided. For lunch people were offered soup, a choice of sandwiches and mushrooms on toast. The main meal of the day was in the late afternoon. Choices of drinks were given and replenished. Staff supported people where necessary with one to one assistance enabling people to eat at their own pace. In between meals, we saw staff offered drinks and snacks, such as biscuits and fruit. People were reminded to drink more as the weather was warm. Where people were prescribed nutritional supplements we saw staff supported them to have these.

We observed people were provided with plenty to eat and drink and no concerns were raised by people or relatives we spoke with. However, concerns were raised by the cook and some staff. Some staff felt the quality and quantity of food was not always sufficient to meet people's needs. They said although people never went without food, there was not always enough to offer second helpings and portion sizes were often not reflective of people's appetite. For example, they said they made extra toast at breakfast time to supplement the quantity of cooked food available, and sometimes there was no milk for hot drinks until staff had gone to the local shop. We discussed this with the registered manager who confirmed there had been times when the home had run out of bread and milk and they had to buy local supplies. However, they assured us there was always sufficient food available for people.

The cook told us there were not always enough supplies of food in the kitchen and although people did not go without, they sometimes had to 'scrimp and scrape' to make meals, particularly when they were awaiting a grocery delivery. They said the food delivered had reduced in quality and poorer substitutes had been made. For example, where people used to really enjoy salmon, this had been taken off the menu and replaced with pollock as a cheaper alternative which people did not enjoy. The cook said there was no provision for additional things, such as ice lollies or fizzy drinks which people enjoyed. We looked at the supply of food in the kitchen and saw there was plenty of tinned, dried, fresh and frozen food stored appropriately. The cook told us there had been a recent delivery, but said this was not reflective of the supplies on some days. They said there were not always the ingredients available to make the meals stated on the menus. We looked at the menus and saw meals were varied, although the cook said these had not

changed for five years. We recommend that the service reviews the quality and quantity of food supplies and takes action to ensure both are sufficient to meet people's needs.

Food and fluid charts were completed for people who were nutritionally at risk to monitor their daily intake. Senior staff said they checked these charts daily and referred any concerns to managers. Although we found people's nutritional needs were being met and their weight was being monitored we identified areas where records needed to improve. Food and fluid charts recorded whether a person had eaten all or a proportion of their meal. However, as it was not recorded how much food or drink had been offered initially the quantities eaten were unknown. Food offered in between meals was recorded as 'snacks' but with no detail of the food or the quantity eaten. We observed staff did not always record what people had had to eat and drink until later. We asked staff how they knew what and how much each person had had and they said they remembered the details and tried to record these as soon as possible. We considered this could lead to errors being made. Records we reviewed showed people's weight was monitored and where people were losing weight we saw appropriate action had been taken such as referrals to GPs and dieticians. The cook knew each person's dietary requirements and told us they added additional calories where people needed a fortified diet to boost their intake.

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 so that they can 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.

We saw mental capacity assessments had been completed and where appropriate DoLS authorisations had been applied for and approved. None of the authorisations we saw included any conditions. Our discussions with staff showed a mixed understanding about DoLS. Staff knew who had a DoLS authorisation but were not always sure what this meant in terms of care provision. For example, one staff member thought a DoLS authorisation was about a person's wishes regarding resuscitation. We asked a senior care assistant about the DoLS authorisation for one person on the unit where they were working. They had not seen the authorisation or the related care plan and were unsure whether there were any conditions in place. Another senior care assistant told us DoLS were for keeping people safe and for stopping them leaving the home.

Care plans also demonstrated a lack of clarity about the MCA and DoLS. For example, care plans we saw for people with a DoLS authorisation included a statement which said the person was 'assumed' to lack capacity and staff must act in their best interests. There were no records of best interest meetings or processes being followed for the use of equipment which may restrict a person's liberty such as bed rails or sensor mats. The registered manager agreed that best interest processes needed to be followed and said they would action this. We concluded that the service was working within the requirements of the MCA and DoLS but further staff training would be beneficial in this area.

People told us the staff were good at explaining what they were going to do and asking for consent and we saw this happened in practice. One person told us, "Yes they ask they don't just do things." The registered manager maintained records of people with a lasting power of attorney (LPA) in place and had obtained copies of the LPA so they knew who had responsibility for managing people's finances or making decisions about care and welfare.

We saw evidence of effective liaison with health care professionals such as district nurses, doctors, opticians and mental health professionals. Relative were confident the staff would involve any professionals required. One relative told us, "When my [family member] was ill they got the doctor. The staff couldn't have done more." Another relative said about their family member, "She is probably better now than when she came in." We spoke with a health care professional who visited the home daily. They told us, "It's a really good home. The staff know what they're doing and report things promptly." They said staff acted on advice they gave and communication was good. They told us staff were visible and available when they visited.

The environment was supporting and enabling for people living with dementia. Different signage and colour schemes were used to help people find their way around the home. People's names and photographs were on their bedroom doors to help them identify their rooms. There were orientation boards which showed the date, day, weather, season and if there were any birthdays. There was a newly furbished sensory room with different textures, sounds and lights and a range of different tactile resources and items of interest for people to look at and use.

People and relatives said they thought staff were well trained. One relative said, "The staff are on the ball here. They know what they're doing." Another relative said, "Staff are skilled in dealing with dementia. They're trained and vigilant and that keeps people safe." A further relative described staff as 'thorough and professional'.

Staff told us they could access a variety of training and said their training was kept up to date. Staff told us they had received training in areas such as dementia care, MCA and DoLS, safeguarding, fire safety and moving and handling. The training matrix showed most staff training was up-to-date and identified where refresher training was required. Staff files we reviewed provided evidence of ongoing training and updates.

The registered manager told us new staff completed an induction programme and had a period of shadowing tailored to meet their requirements. This was confirmed in the staff files were reviewed and our discussions with two recently recruited staff. Both staff described their induction as thorough and said it had fully prepared them for their roles. Both told us they had shadowed experienced staff members before working unsupervised. One of the staff had no previous care experience and they told us their shadowing period had been extended until they felt confident enough to work alone. New staff without a care qualification were enrolled on the Care Certificate. The Care Certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support.

Staff files we reviewed showed staff received regular supervision and annual appraisals. Some staff we spoke with felt supervision meetings were not supportive, but more a forum for managers giving instruction, with more emphasis on what needed improving rather than what went well. We discussed this with the registered manager who said they would look at how supervision was provided and how the process could be more supportive to staff.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the staff who they described as kind, caring and considerate. Comments people made included; "Oh, yes, they are kind, I talk to them a lot", "All very nice people", "It's lovely here, all just perfect", "I'm happy, I like it all" and "They look after me properly."

Relatives told us; "We're very happy with everything", "Staff are very kind. They know mum well and the care is very good", "Staff are very patient. [Relative] is well looked after here", "Feels like a home not an institution, they treat them like people" and "The care staff go above and beyond they even use their own money to buy her treats."

We saw staff engaged with people in kind and supportive ways. There was evidence of caring interaction and our discussions with staff showed they knew each person well. People approached staff with ease and affection and staff responded appropriately. For example, one person spontaneously hugged a member of staff and this was met with an appropriate response, with acknowledgement of the person's feelings. One relative told us, "The staff are wonderful. They put people at ease – not just mum but me too. My mum is a very tactile person and loves a hug and a kiss which staff give her."

Staff were sensitive in their approach to caring for people living with dementia and they acknowledged people's feelings. For example, when one person became upset, staff noticed and sat with them, held their hand and actively listened to what the person was saying, staying with them until they felt more reassured. People were acknowledged by name and staff used friendly facial expressions and good eye contact when speaking with them. When people were seated staff bent down to speak with them at face height.

People told us they were encouraged and supported to maintain their independence. One person said, "They do support my independence as much as they can." Another person told us, "They make sure I do as much as I can." One relative commented, "[Name of person] decides the shape of her day as far as is reasonable." Another relative said, "They have brought out her independence her husband tried to do everything for her at home."

We observed staff treated people with care, compassion and respect. Staff demonstrated a good knowledge of people and delivered care and support with a person centred approach. One visiting family told us, "They are exceptional here; they look after us as well."

We saw staff acted quickly to protect the dignity of a person who had pulled at their clothing in a manner which would expose their body. This was done without drawing attention to the person. We saw people were comfortably dressed and they were supported with their personal appearance. For example, people had well laundered clothes and their hair had been brushed. Some of the ladies chose to carry handbags with them and wear jewellery. Staff complimented people on their appearance. Staff noticed when people looked to be uncomfortable. For example, one person had fallen asleep in their dining chair in an awkward position and staff gently woke them and offered to support them to a more comfortable place. Another person was wearing two cardigans and staff checked whether they felt too warm.

Staff were respectful of people and used their preferred name. For example we heard staff refer to one person as 'Miss [person's surname]' and they explained this was the person's expressed choice. Staff said they were mindful this was people's home and the people they cared for deserved good care, having lived long and busy lives with many experiences. One member of staff said, "I just think, what if this was my relative, would I want this level of care for them, and if I can say yes then it's good enough for anyone". Staff we spoke with all said they would be happy for their relative to be cared for in the home.

Care plans included life histories which gave details of the person's family, previous employment, lifestyle choices, interests and social and recreational preferences. These documents are valuable for staff in getting to know the person, particularly when people are living with dementia.

Good

Is the service responsive?

Our findings

Relatives we spoke with were aware of their relative's care records and told us they were fully involved in their family member's care. One relative said, "I haven't seen the care plan for a long time but I am involved." Another relative said they did not wish to be involved in the care records but they were more than happy with the care practises. They said "I am confident if there is anything wrong they'd let me know straight away. I feel very happy [my family member] is cared for according to their needs and wishes."

We saw staff were responsive to people's needs and care was delivered in a person-centred way. One relative said their family member frequently rang their alarm for staff to attend to them and staff always made a response, no matter how many times the alarm was used. Another relative described how staff had responded to a deterioration in their family member's condition. They said this had been handled sensitively by staff who discussed and agreed changes with them and had given the relatives time to consider what was best for their family member. A further relative told us how unsettled and distressed their family member who was living with dementia had been when they first moved into the home. They said, "[Relative] had to move from another home as they couldn't cope with her and I was worried she wouldn't settle here, but she has. Staff here understand, they know her triggers and how to respond. They support me too as I can get upset. The care is just wonderful."

Where people chose to stay in their rooms we saw staff made frequent checks on their well-being. Where people's behaviour challenged the service, incidents were recorded in detail with antecedent, behaviour, consequence (ABC) charts showing interventions staff had tried and strategies for minimising future incidents.

We saw staff communicated well with one another to support people's care. For example, if staff were assisting a person or going for a break, they told their colleagues where they were. All staff received a handover at each shift change which ensured they were kept up to date with any changes in people's care needs. There was also a daily update meeting for senior staff mid-morning and we saw any key information was passed on to the care staff.

We reviewed people's care records and found there was a summary of care needs which detailed care required each morning, afternoon, evening and night as well as weekly and monthly care needs. We saw an assessment of need for each aspect of the person's care, followed by a care plan for that specific area. It was not always easy to see which information was the most current and the assessment of need sometimes conflicted with information in the care plan. For example, the person's nutritional support assessment stated 'soft diet' and 'fortified' yet the care plan stated 'normal diet'. The assessment of the person's diet and weight needs stated they were to be weighed weekly, yet the information in the care plan was recorded monthly. We saw from other records that this person's weight was being monitored and recorded weekly and there were no concerns, however this should have been reflected in the care records. Care plans included detail of people's preferences but did not reflect the person centred approach we had observed. The registered manager and care manager acknowledged this and discussed the plans they had to improve care plans to make sure they were written in a person centred manner.

People we spoke with said they liked some of the activities, such as going out on a trip, the exercise class and the singer who came sometimes. Comments included; "We do lots of different things, I don't join in with all of them" and "The activities are very good."
One relative we spoke with said their family member had been involved in the exercise class as well as making pizzas recently. Another relative told us how much their family member had enjoyed the celebrations for Vera Lynn's birthday. They said, "My [family member] loves dancing and they had a tribute act come in. What I thought was lovely was the staff asked people up to dance, nobody was left out and it was such a happy occasion to see them all enjoying themselves."

We looked at photographs of activities which had taken place and we saw evidence of people involved in a wide range of activities. For example, the 'little zoo' had brought some animals to visit, there had been a milkshake making and tasting session as well as a pamper session, a visit to a local garden centre, a monthly church service, a pub quiz and a singalong. Special events had been celebrated such as St Patrick's day, Vera Lynn's birthday and Burn's night as well as significant birthdays in the home. The activities staff told us about ideas for future activities, such as renovating the garden and the shed in keeping with people's interests for gardening.

We saw newsletters on display which announced forthcoming events as well as a notice about services on offer in the home, such as hairdresser, optician and dentist visits and newspaper deliveries.

We saw some people went out to a local town, others were listening to a radio programme produced by the provider and some people were enjoying a game of cards. Table top activities were available for people to engage with as they wished. We saw the activities coordinators demonstrated a skill in engaging people, even when they were initially reluctant to join in. We saw one person who had said they didn't want to do anything, laughing, smiling and fully engaging in the game of 'Play your cards right' after some gentle encouragement by the activities co-ordinator. We saw other people enjoyed interacting with soft toys and baby dolls; one person we saw had a very long and happy period of time chatting and singing to a baby doll. Music played for people in the background and staff engaged people in singing as they walked along. Some people sang spontaneously and staff joined in.

The registered manager told us the two activities co-ordinators had won two awards. One was the provider's 'Centre of excellence award' and also 'Activity coordinators of the month.'

We saw the complaints procedure was displayed in the home. No concerns were raised with us by people using the service or their relatives. Although not everyone we spoke with was aware of the complaints procedure, all felt if they had any concerns they would be able to raise them with staff. One relative said, "I don't know how to make a complaint but I would find out if I needed to." We looked at the complaints file and saw one complaint had been received and dealt with by the home this year. Records showed the complaint had been thoroughly investigated and the complainant had been informed of the outcome. The response letter was well worded, acknowledging and apologising for the shortfalls in care and clearly explaining the action that had been taken to address the matter.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they felt the home was well run. Comments included; "Seems to be well run", "If I have niggles I say and they do things about them", "This home is managed well, I am not so sure about the company" and "It's well managed, the management involve the staff it's not an us and them thing." One relative praised the way the home was managed and said one of the reasons they had chosen the home was because of its cleanliness and organisation. They said the managers and staff were approachable and they felt able to raise any concerns or discuss general issues about the service. Another relative told us, "We looked at lots of homes before deciding on this one – the staff and activities sold it to us. I was impressed that the registered manager and care manager both came to Nottingham to see [family members] before they moved in."

The home had a registered manager and people and relatives spoke highly of her and the care manager. They said both were friendly, approachable and responsive. Comments included; "They do listen and will make adjustments", "Anything we want to say, they work with us in partnership" and "Over the last year it has changed and improved, staff morale is more positive."

Staff told us they thought the home was run well and said they could speak with the registered manager at any time and raise any matters. They understood some aspects of service delivery were beyond the registered manager's control and were determined by the wider organisation. Staff knew their roles and responsibilities, the line management structure and the values and visions of the organisation as a whole. Some staff voiced concerns about the availability of PPE and food supplies, areas which the registered manager was addressing. Some staff also said they did not always feel valued for the work they did well and felt there was favouritism at times. However, staff also said they worked well with colleagues on the whole and they supported one another and therefore felt morale was good.

Our observations over both days of the inspection were the registered manager and care manager worked closely together and were consistently striving to improve the quality of the service.

Systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, accidents and incidents, care planning, weights, medicines and health and safety. We reviewed some of these audits and found they were thorough and identified actions to be taken where improvements were needed. For example, we saw monthly weight audits which used a red, amber and green (RAG) rating system to compare people's weights over preceding months and determine the severity of weight loss. Where significant weight loss was identified an action plan detailed measures put in place to reduce the risk such as referral to a dietician. We saw the monthly care plan audits had identified actions to be completed and when we sampled random care files we saw the improvements had been made. However, this was not clear from the audit. The registered manager said staff did follow up on any actions to make sure they had been completed but acknowledged this was not always reflected in the audits and said they would ensure this was addressed

We saw reports from unannounced night visits managers had made to the service to ensure people were

receiving a quality service during the night.

We saw reports of provider quality assurance visits which were based on the five key questions used by CQC within reports. We noted the most recent visit also included a dining experience observation. Where issues were identified these were included in an action plan. Again we did not see records of when the actions had been completed but the registered manager told us they were recorded on an on-line central action plan.

We saw accidents and incidents were analysed monthly and recorded any themes or trends identified as well as action taken to address any concerns. For example, measures put in place to mitigate risks when people were falling frequently.

We saw a range of surveys were in use to gather the views of people who used the service, relatives and other stakeholders. The results were collated and the registered manager said the outcomes were shared with people at the residents and relatives meetings. We looked at the minutes from the last residents and relatives meeting held in April 2017 which showed a wide range of issues were discussed including activities, staffing and the anticipated inspection from the Care Quality Commission. People attending the meeting were also asked for their views about what the service did well and what they felt needed to improve and from these discussions an action plan had been devised. Relatives we spoke with told us they found the meetings very helpful. One relative said, "We're encouraged to make suggestions which are listened to and acted on." Another relative said, "The meetings are very good. There's a lot discussed and we have a voice."

The registered manager told us they had recently introduced bi-monthly 'What we want' meetings for people who used the service to make sure they were delivering what people wanted. We looked at the minutes from the meeting held in February 2017 which was about activities. We saw discussions included people's views on the activities currently taking place and any suggestions for alternatives. We saw some people had asked for an evening bingo session and this was now being provided.