Firstsmile Limited

Kibworth Court

Inspection report

Kibworth Court Residential Care Home
Smeeton Road
Kibworth
Leicestershire
LE8 0LG

Tel: 01162792828
Website: www.newbloom.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 10 November 2016 and the visit was unannounced.

Kibworth Court provides care and support for up to 45 older people. At the time of our inspection 36 people were using the service and many were living with dementia.

At the last inspection on 8 and 9 June 2015 we asked the provider to take action to make improvements. We asked them to improve their practice in relation to making sure that people had the equipment in place to meet their safety requirements. We had concerns that people's care plans did not have all of the information required to guide staff on how to meet people's individual needs. We found that people's care records were not always safely stored. We also had concerns that the provider had failed to act in accordance with the Mental Capacity Act 2005 (MCA) and that staff did not understand the requirements of this law. Further, we required the provider to make improvements to their quality assurance systems which we found had not adequately assessed, monitored and mitigated the risks to people that used the service. Following that inspection the provider sent us an action plan setting out what they were going to do. At this inspection we found that the provider had made most of the required improvements in these areas.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risks to people's health and well-being were assessed including where people were at risk of falling. Some assessments did not detail the equipment people required and the registered manager told us they would make improvements. We found that people had the equipment they required to remain safe. There were risks within the home that people could have been exposed to. For example, laundry obstructed a fire door and partially covered a fire extinguisher. The provider told us they would take action to make improvements. Where some areas of the home required upgrading, the provider had a refurbishment plan in place.

People's care plans did not always contain information and guidance for staff to follow. For example, where people required assistance to move using equipment, detailed information and guidance was not always recorded. However, staff knew about people's preferences and support needs and people received care that was based on these. People or their relatives contributed to the planning and review of their care requirements.

People received their medicines when they required them from staff who understood their responsibilities. Where people required as and when required medicines such as pain relief, the provider did not have written guidance for staff on the circumstances of when these should be offered to people. They told us they would review their policy and practice in line with national medicines guidance.

The provider had a range of checks on the quality of the service to make sure it was of a good standard. For example, checks on people's medicines took place. However, the quality checks did not always identify areas for improvement that we found. This included incomplete information within people's care plans and some unclean areas of the home. The provider had sought feedback from people, their relatives and staff about the quality of the service. They took action where feedback was received.

Staff had mixed views about how well the service was managed. They told us that the registered manager and proprietors were not always approachable. People and their relatives told us that they felt the home was managed well. We found that the registered manager was available and gave time to people and staff during our visit. The registered manager was aware of their responsibilities and had notified us of significant events at the service.

People had mixed views on the opportunities for them to take part in hobbies and interests that they enjoyed. The provider told us that they were looking to replace an activities worker that had recently left their employment.

Staff were knowledgeable about their responsibilities to report their concerns about the unsafe or inappropriate practice of their colleagues should they have needed to. The provider told us that they would review their whistleblowing policy to include the details of other organisations staff could raise their concerns with should they need to. Staff kept people's records stored safely and spoke about people's care requirements in private.

Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. Where accidents or incidents occurred, the provider took action to look at ways of preventing a reoccurrence. The provider had emergency plans in place to meet people's safety needs in the event of a significant incident such as a fire. We saw that staffing numbers were suitable to help people to remain safe and to offer them care and the provider had increased staffing due to an increase in the amount of falls people had experienced. Prospective staff were checked for their suitability before working for the provider.

Staff had the necessary skills and knowledge and received support and guidance. Staff received training in areas such as dementia care and fire safety. Staff received an induction when they started working for the provider so that they were aware of their responsibilities. Staff also received guidance and feedback from the registered manager to make sure they were delivering care that met people's care requirements.

People were supported in line with the Mental Capacity Act 2005. Staff asked people for their consent when offering their support. Where there were concerns about people's ability to make decisions, the registered manager had assessed people's mental capacity. The registered manager had made applications to the appropriate body where they had sought to deprive a person of their liberties.

People and their relatives were satisfied with the food and drink available to them. People enjoyed their food and there were different options available to them. Where there were concerns about people's eating and drinking, the provider was monitoring this to make sure people ate and drank well. People were supported to maintain their health and well-being. This included having access to healthcare services such as to their GP and community nursing.

People described staff as kind. People's privacy and dignity was respected by staff. We saw that staff listened to people about things that mattered to them. People's families could visit without undue restriction. This meant they maintained relationships that were important to them.

People were supported to retain skills to maintain their independence where this was important to them. For example, one person was encouraged to walk to retain their mobility. Some people were involved in decisions about how their care was provided. Other people received the support from their families or representatives who were involved in making decisions about their care to make sure it was provided in ways that were important to people.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place which was displayed so that people and visitors knew the process. Where a complaint was received, the provider took action.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were risks to people's health and well-being that had not been identified by the provider. The provider was taking action to upgrade parts of the home where improvements were required.

People received their prescribed medicines in a safe way. The provider's medicine policy required a review to make sure it reflected the provider's practice in relation to as and when required medicines such as pain relief.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to remain safe.

There were a sufficient number of staff to meet people's care requirements. They were checked for their suitability prior to working for the provider.

Is the service effective?

Good

The service was effective.

Staff received guidance and training and had the necessary skills and knowledge.

People were asked for their consent by staff when they offered their support. Where there were concerns about a person's ability to make decisions, the provider followed the requirements of the Mental Capacity Act 2005.

People were satisfied with the food available to them and received support to eat well where this was required. They had access to healthcare services to help them to remain healthy.

Is the service caring?

Good

The service was caring.

People and their relatives described staff as kind. Staff knew the people they were supporting including things that were

important to them.

People received the support they required to retain their skills and independence.

People or their representatives were involved in making decisions about how their care was delivered.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans did not always contain information on people's preferences and support requirements. However, staff knew the people they cared for.

People had mixed views on the activities offered to them.

People or their representative contributed to the planning and reviewing of their care requirements. People received care when they required it.

People and their relatives knew how to make a complaint and the provider took action when one was received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider's checks that were in place to monitor the quality of the service did not always identify areas of the service that required improvement.

Staff knew their responsibilities although some did not feel they could approach the registered manager or proprietors at times.

The registered manager understood their responsibilities including sharing information with CQC where this was required.

People, their relatives and staff had opportunities to give suggestions about how the service could improve.

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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.

The inspection visit took place on 10 November 2016 and was unannounced. The inspection team included two inspectors and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed 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. We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also contacted Healthwatch (the consumer champion for health and social care) and the local authority who has funding responsibility for some people living at the home to ask them for their feedback about the service.

During our inspection visit we spoke with four people who used the service. Most people were not able to tell us about their experience of the service as they were living with dementia. We also spoke with the relatives of four other people. We spoke with the proprietors of the service, the registered manager and four care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of five people who used the service. We also looked at the provider's records in relation to health and safety, people's medicines and documentation about how the service was managed. This included quality checks that the provider had undertaken, training records and policies and procedures. We looked at three staff files to look at how the provider recruited and supported their staff.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection carried out on 8 and 9 June 2015 we found concerns that people did not receive care and treatment that met their needs. We found that people did not always have equipment in place to meet their safety requirements. We also had concerns that people's allergies were not always documented. At this inspection we found improvements in these areas.

Risks to people's health and well-being were assessed to support them to remain safe. For example, we saw that risk assessments were in place where people were at risk of falling. These assessments contained guidance for staff on how to support people to remain safe. A relative described how their family member was safe because the provider had made equipment available. They told us, "They have got secure doors and there are pressure mats beside the bed, my mum is a wanderer [and it was important to know their whereabouts]." We saw that people's allergies were recorded in their care records so that staff knew the food or medicines that people could not have. We saw for two people that their risk assessments did not contain up to date information for staff to follow. The current equipment they required was not documented. However, we saw that these people had the equipment they needed and the registered manager told us they would update their care records.

We saw some risks to people's health and well-being. We saw that the laundry room door was kept open by a bottle of cleaning fluid. There was a sign in place to keep the door shut as there were chemicals stored in the room which posed a risk to people. We also saw that people's clothes were stored next to a fire door in the laundry area. These were also partially covering a fire extinguisher. This meant that there was a risk that people may not have been able to evacuate the building safely during an emergency. We spoke to the proprietors of the service who said they would make sure the laundry area was safe by deploying additional staff to the area. We saw that checks on the fire alarm were not recorded as having taken place weekly since August 2016 as per the provider's procedure. The registered manager told us that weekly checks of the fire alarm did occur but they could not locate the records. We saw that other equipment was checked for its safety including those which assistance people to move.

We saw that some areas of the home required attention. For example, we saw that a shower bracket was broken in the main bathroom and that a commode people used was rusty. The registered manager immediately disposed of the commode when we brought this to their attention. We also saw that a sink in the hairdressing room was unclean. We saw that some flooring required attention as it was well-worn. The registered manager showed us a 12 month refurbishment plan which included improvements to the home including those that we found required attention. For example, we saw plans were in place to replace some carpets. The proprietors told us about improvements that had been made. These included a new boiler as there had been issues with the hot water being warm enough. The registered manager told us that contractors were currently visiting to make sure that the water temperature was comfortable and safe.

Staff knew their responsibilities to protect people from harm and abuse. One staff member told us, "We go out the back garden, not the front because it wouldn't be safe out the front. People could just walk off and they don't always know the dangers." Staff received training in keeping people safe and knew the signs that

could indicate people were at risk of harm. They knew their responsibilities to report their concerns without delay. One staff member told us, "I would go straight to a senior staff. I could go to the CCQ [Care Quality Commission] if necessary but they [registered manager] would deal with it." We saw that the provider had made available to staff a procedure to follow should they have concerns about people's safety. We found that this did not contain the contact details of other agencies that staff could raise their concerns with should they have needed to, such as the local authority. The registered manager showed us that these details were displayed for staff but that they would add these to their policy. This meant that staff had guidance to follow to keep people safe from harm and possible or actual abuse.

The provider took action following an accident. During our visit we heard an emergency alarm sound alerting staff that a person required immediate assistance. We saw that staff members quickly went to the person in their room where the alarm had sounded. The person had fallen and had sustained an injury. Staff members offered reassurance to the person and sought medical assistance immediately. We heard staff sharing information about the injury with each other so they knew what was happening and a staff member stayed with the person until an ambulance arrived. We saw that the registered manager carried out audits of accidents and incidents and took action to reduce the likelihood of future occurrences. For example, the provider had recently increased staffing numbers at night as a result of a number of falls. This meant that the provider reviewed their practices following accidents and incidents to improve the safety for people.

The provider had up to date plans in place for staff to follow should there have been an emergency such as a fire. We also saw that the registered manager was currently reviewing each person's individual evacuation plan. We found these to contain information to guide staff on the amount of support and equipment people required. This meant that the provider had considered people's safety should a significant incident occur.

People told us they felt safe with the number of staff available to offer them support. One person said, "Yes, I feel safe here." People's relatives had no concerns about the number of staff available to help their family members to remain safe and to offer them support. One relative told us, "They've got two seniors on in the day and plenty of the other ones." Another said, "I've never not been able to speak to someone, there is more now than when [person's name] first came." Another told us, "They have the right amount." We found that there were suitable numbers of staff available to provide support to people. The provider regularly assessed their staffing numbers as more people moved into the home and were planning to increase the number of care staff during the day.

The provider had recruitment processes in place for prospective staff members. This included the provider obtaining two references to check their suitability and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Records within staff files confirmed these checks occurred. This meant that people were supported by staff who had were verified.

People received their prescribed medicines when they required them from staff who were trained and had their competency checked in the last 12 months. People were satisfied with the support they received to take their medicines. One person told us, "They have a set routine but I wanted to change one of them to teatime. The staff checked the time between them [medicines] and they said yes." Relatives were satisfied that their family members received their medicines. One relative told us, "I've checked and [person's name] does. The right dose at the right time."

We saw people offered their medicines. The staff member asked people for their consent before they administered their medicines and where required stayed with them to make sure they had taken it. Staff stored people's medicines safely in a room where the temperature was suitable and recorded the

administration accurately in people's medicine records. We looked at fifteen people's medicine records and found these to be mainly completed accurately. We saw for one person that their medicine record had stopped two days before our visit without an explanation as to why. We asked a staff member about this who told us they would look at what had occurred. We saw that where people were offered pain relief, the amount was not always recorded. This is important for staff to record because if health care professionals needed to provide emergency care, the amount of medicines people had taken would need to be known. We spoke to a staff member about this who said they would remind staff to do this.

The provider had made available to staff procedures for the safe handling of people's medicines. This gave staff guidance in topic areas such as what to do if they made a medicine error. We saw that written instructions for staff for when people had as and when required medicines such as pain relief, were not in place. The provider's policy stated that they should be. The provider's policy described how this guidance should include the circumstances when such medicines could be offered to people. The registered manager told us that they no longer used written instructions for each person's as and when required medicines and instead followed the prescribing instructions on medicine boxes and bottles. The registered manager told us they would review their policy to reflect their change in practice. They told us they would base their review on national guidance from The National Institute for Health and Care Excellence (NICE) who provide guidance and advice on medicines including those administered in care homes.

Good

Is the service effective?

Our findings

At our previous inspection carried out on 8 and 9 June 2015 we found concerns that assessments to understand people's ability to make decisions had not occurred. We were also concerned that where a person was unable to give consent to specific decisions, the provider had failed to act in accordance with the Mental Capacity Act 2005 (MCA). At this inspection we found improvements in these areas.

The 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. We checked whether the provider was working within the principles of the MCA and found that it was.

People were asked for their consent before care was provided by staff. One staff member told us, "I always ask for people's consent before providing care and support." We saw staff members consistently asking people for their agreement for them to carry out the care they required. For example, when they assisted people to move from one place to another or when they supported people with their food.

Where there were concerns about people's capacity to make decisions, the registered manager had carried out mental capacity assessments to determine their level of understanding. We saw mental capacity assessments in areas where people had sensors on their doors and night checks to help them to remain safe. Where people were considered to lack capacity, decisions in people's best interest were made. This meant that people's human rights were upheld.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made applications to the 'supervisory body' (the local authority) where they were seeking to deprive people of their liberty. Staff members were aware who was subject to a DoLS authorisation and gave the example of having a lock on the front door being a form of restriction.

Staff members understood the requirements of the MCA. One staff member told us, "It's about whether they have the capacity to make decisions for themselves. For example, if they need a wash." We saw that staff received training so they understood their responsibilities under the Act.

Staff members had the skills and knowledge they required to meet people's care requirements. One person told us, "They help me to get washed and dressed and they know what they are doing." We saw two staff members assisting a person to move from one place to another. We asked the person how they felt the staff had supported them. They told us, "They did it well, yes very well." Staff told us, and training records confirmed, that they had received training that they required. They gave us examples of recent training they had undertaken including dementia awareness, moving and assisting and fire safety. Staff described their training positively and felt it helped them to support people well. The registered manager told us about

training in making emergency calls that they had arranged following an incident to make sure staff knew their responsibilities. This meant that staff had opportunities to develop their knowledge and skills.

Staff members received guidance and support so that they could provide effective support. Staff told us and records confirmed that they received an induction when they started working for the provider. We also saw that new staff were completing the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. Staff members regularly met with the registered manager to receive feedback and guidance on their work. Topic areas discussed included the health and well-being of people living at the home and training requirements. We also saw that staff were checked for their competence in providing care to people. The registered manager showed us that each staff member was due to receive an appraisal of their performance in the next two months. This meant that staff received guidance to reflect upon and develop the support they offered to people.

People were satisfied with the food and drink available to them. One person told us, "We have a coffee in the morning and afternoon but I have tea. I've got a jug of water but you can have juice, but I prefer plain water." Another said, "Not bad at all, pretty good quality." People's relatives were also satisfied. One relative told us, "It's really nice. Lots of fruit and fluid available. They encourage her to eat well and she's put on weight [which was described positively]." Another commented, "Yes the food is good, [person's name] loves the food. She says it's delicious and the choice is good." We saw that drinks were available throughout the day and people were offered at least two different choices for their main meals. We saw that the menu was varied and people looked like they were enjoying their meals. We saw that food was served hot and people were prompted by staff to eat where this was required.

Where there were concerns about people's eating and drinking, the provider used recording charts to monitor what they had eaten and drank. Staff knew that some people may not have enough to eat and drink due to their memory difficulties. They told us that they encouraged people to drink regularly throughout the day and that snacks were available to them. They told us that information about people's eating and drinking requirements were in people's care plans for them to follow. Staff could describe people's food preferences and these corresponded to what we saw in people's care records. This meant that people's nutritional needs, based on their preferences and requirements, were met.

People had access to health care services where required. One person told us, "I have a private chiropodist but there is also another one that comes in. If you want the doctor, if they consider it necessary, they ring and you don't have to wait." Relatives told us that their family members had access to health services and they were satisfied that the provider took action where required. We saw in people's care records that they had seen their doctor in the last three months. We also saw that they had seen, where required, other health care professionals involved in their care such as a community nurse. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

People told us that staff offered their care and support in ways that were kind and compassionate. Their comments included, "They are very good to us", "I think they look after us very well" and, "They are really good at looking after us." One relative commented, "They always ask how they are [people living at the home] as they walk past." Another told us, "They are caring, very good. I've never heard anyone speak nastily. Nothing is hurried either." We saw that staff helped people when they were distressed. We saw that one person was anxious and a staff member offered them their time and reassurances. During a mealtime we saw that one person was anxious and was repeatedly calling for help from staff. A staff member told us that they did not like to eat with others. We saw that this person had to wait 45 minutes after finishing their meal before they were assisted to leave the dining room. We spoke with the registered manager about this who told us that they would remind staff to offer the person to leave the dining room as soon as they had finished their meal.

People were satisfied that they were treated with dignity and respect. They told us they could choose the gender of the staff that supported them. One person said, "I think so. They are mainly girls, women. There are one or two men but I think I could." We heard people referred to by their preferred names and saw staff knocking on people's bedroom doors before entering. We heard people being asked if they wanted tea or coffee and staff members took their time to listen to their responses. When staff assisted people to move using equipment, this was done in a gently and encouraging way. People's dignity was protected by staff making sure that people's clothing covered them appropriately during this assistance. We saw that the lock to the main bathroom was broken which meant there was a risk to people's dignity. The registered manager told us they would arrange for this to be fixed.

People were, where they could be, involved in decisions about their care. We read in some people's care records how they should be supported by staff to make choices. For example, for one person we read, '[Person's name] can answer given time.' We heard staff giving people choices in areas such as their food options and where people wanted to sit. Staff took their time and gave each person the opportunity to respond to what was being asked. The registered manager told us that they were planning to discuss a person's care plan with their family member to gain their feedback and information on the person's care requirements. This was because the person had recently moved into the home and, due to their memory difficulties, could not be involved themselves.

Staff knew about people's preferences and their personal histories. One relative told us, "She was admitted to the home on a respite [short term] basis. We were very worried that she would fit in. She settled in almost immediately. The staff know all of the residents really well and what they want." Staff told us how they knew about people and described one person's preferences which we found corresponded to their care plan. They told us, "I just talk to them. I can ask their families. Some don't like specific colours. One person doesn't like sugar in their tea. He likes a specific type of music which he listens to in his room." Another staff member told us how a person liked their slipper to be put in an exact place as this was important to them. This meant that people received support from staff members who knew about things that were important to them.

People were supported to be independent where this was important to them. One person told us, "Yes they do. Mind you so far I've been very independent. I can dress and wash myself. If you begin to have trouble walking they encourage you to walk. It's if you don't use them, you lose them isn't it." A relative said, when describing the support staff had been giving their family member, "She fell and she broke a rib. It's taken a long time and I didn't think she would ever get over it and get back but the past two or three weeks it's like a different person." Staff described how they encouraged people to do as much for themselves for as long as they could. This meant that people were supported to retain their skills wherever possible.

We found that information on advocacy was available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that one person received the support of an advocate following a DoLS authorisation to make sure the care offered to them was suitable. This meant that the provider was aware of when people may need additional support to make decisions.

People were supported to maintain relationships that were important to them. One person told us, "I can go out with a friend when I want and I can have visitors when I want." We saw visitors to the home during our visit and staff confirmed there were no undue restrictions on the times they could visit.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection carried out on 8 and 9 June 2015 we found concerns that information within people's care plans was not adequate to guide staff on how to meet people's individual needs. At this inspection we found some improvements in these areas had been made.

The provider had completed pre-admission assessments where people had chosen for their care to be provided at Kibworth Court. We saw that these assessments contained basic information about people's care requirements such as their preferences and the support required from staff members. Pre-admission assessments are important so that the provider can be sure that it can meet people's individual needs. Following on from these assessments, the provider completed a care plan for each person.

People's care plans did not consistently contain information on people's care requirements and their preferences. We read about people needing assistance to move. We found that their care plans sometimes lacked information on how they preferred this support to be carried out and specific instructions for staff to follow. For one person we read that they required 'minimal assistance' but there were no further details to guide staff on people's preferences or support requirements. We saw some areas of people's care plans were not always completed such as information about their hobbies and interests and their life history. These are important so that staff can engage with people in topic areas that are important to them. We saw in one person's care records that it was important they were assisted to weigh themselves every month. Their records showed this had not been completed for the last three months. The registered manager told us they had been assisted to weigh but the care plan had not been updated. We saw in other people's care plans that they contained information on people's preferences and routines that were important to them. For example, we read about people's preferred times to rise in the morning and when they chose to retire to bed.

People had mixed views on the opportunities available to them to take part in hobbies and interests that they enjoyed. One person told us, "One or two from the parish church are coming in here today and others on Thursdays once a month, they come on Thursdays, alternate." Another said, "We had a Halloween party last week and the decorating the manager did was brilliant and we have a singer who comes in to entertain us, he goes around singing to each person in turn." Relatives were satisfied with the opportunities for their family members. One told us, "There seems to be activities. They were doing papier-mâché balloons and there was a sing-along." Some people felt that improvements could be made. One told us, 'We could do with more mental stimulation but there is such a wide spread. So many have dementia. It's difficult to find something that everyone can join in." Two people told us that they did not always have opportunities to visit the local community. We saw that activities were not offered to people during our visit. We spoke with the registered manager about the activities offered to people. They told us that the activities worker had recently left and that they were working hard to replace them. They also told us that they would make sure that those people who enjoyed visiting the local areas were given these opportunities.

People received care and support that reflected the routines that were important to them and their preferences. One relative told us, "They get her in first for the hairdresser as she doesn't like to wait." Another

said, "There's always somebody around and if she rings the bell [call bell] they come in really quick." We saw that call bells were answered promptly and people did not have to unduly wait for the support of staff once requested. Some people told us that they were supported to get up early in the morning but that this was okay as they preferred this. One person said, "They get me up around six-ish, but I like to get up very early." We saw that staff were responsive to people's preferences. For example, we saw a staff member asking two people during a mealtime if they wanted to move from their wheelchair into a dining room chair. Staff were able to describe routines that were important to people such as where people preferred to sit and how they spent their time. In these ways staff provided support based on people's preferences.

People or their relatives contributed to the planning and review of their care so that they received care that was focused on their preferences and support requirements. One relative told us, "We read through the care plan with [person's name]. There is some insight there. We're satisfied with what they do." Another said, "We're going to have a meeting and I can look through [person's name] care plan." We asked the registered manager why one person had not signed their care plan to state their agreement with their planned care. They told us, "He will read and sign for himself today with his wife when she visits as he has recently moved into the home". We saw that people's care requirements were reviewed to check that the measures the provider had in place were still appropriate. This meant that staff had up to date information and guidance when offering their care and support to people.

The provider had made adjustments to the environment to respond to the needs of people with memory difficulties. We saw that corridors were decorated in themes so that people were able to recognise different parts of the home. One relative commented, "They have decorated the corridors and they ask the residents for their choices." We saw that people's rooms had photographs on their doors to help them to identify their own personal space. We saw that there were items for people to touch and feel such as toys, memorabilia from the past and books. Staff told us these were used regularly by people and helped them to remember things that were important to them. We saw that some clocks were not reading the correct time. This could cause confusion for people with memory difficulties. A staff member told us the batteries were not working and said they would arrange for them to be replaced.

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I do know how to complain, probably speak to [registered manager's name] first." Another said, "A senior or the manager, I'm not sure of their name, but I know who she is." We saw that the provider's complaints procedure was displayed so that people and their visitors knew the process. This included the details of other agencies people could raise their concerns with such as the local authority. Where the provider had received a complaint, they took action to make improvements where this was necessary.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection carried out on 8 and 9 June 2015 we found concerns that the provider's quality assurance systems that were in place were failing to assess, monitor and mitigate risk to people that used the service. We were also concerned that accurate records for each person that used the service were not kept secure. At this inspection we found some improvements in these areas had been made.

The provider had a range of checks to monitor and improve the quality of the service. We found that these had not always identified areas of the service that required improvement. For example, they had failed to identify the areas we discussed with the registered manager such as incomplete information within people's care records. They had also not identified the broken lock on a bathroom door, some unclean areas of the home and the health and safety issues we found within the laundry area. We found other checks were in place such as the monitoring of accidents and incidents and people's medicines. We saw that where improvements were needed in these areas, the provider had clear action plans in place. Once the required action was carried out the actions were then marked as completed. This meant that the provider's quality checking systems were not consistently effective in identifying areas that required improvement.

Staff knew their responsibilities for keeping people's private and sensitive care records safe. This was because the provider had made available to them procedures on confidentiality and data protection. Staff could describe how they protected people's information by keeping it secure when not in use. We saw that people's care records were stored securely in a lockable office. We heard staff members sharing information about people's care needs discreetly so that they could not be overheard by others who should not hear the conversation. This meant that people could be confident that their private information was handled safely.

Staff knew what to do should they have had concerns about a colleague's working practices. One staff member told us, "I would go to the senior, they would talk to the manager. I could go to CQC or someone higher in the organisation. I'd find out online if I needed about how to do it." We looked at the provider's whistleblowing policy. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. We found that this did not contain the contact details of other organisation available for staff that they could raise their concerns with should they have needed to, such as the local authority. The provider told us they would add these to their policy.

Some staff felt that improvements could be made to the leadership of the service. One staff member told us, "The manager is not approachable. She's mainly in the office." Another said that they did not always feel they could approach the registered manager or the proprietors with their concerns about working arrangements. However, all staff members said that the registered manager could be approached about concerns relating to people's well-being. Other staff felt that they could talk to the proprietor and told us that they would listen to their concerns. People and their relatives felt that the service had good leadership. One person said, "She's done an awful lot this manager. All along the corridors with things [decoration] and this new flooring." Relatives' comments included, "The manager is very helpful and approachable. I feel I can approach her at any time and ask her anything, no matter how small the query is" and, "We come at all times. They're very open about things."

During our visit we found the registered manager was available to staff throughout the day and listened and responded to their questions and concerns. The registered manager told us how they had an open door policy for staff, people or their visitors to offer their feedback. They also showed us a suggestions box that was within the home should they prefer to write their comments or suggestions.

The provider had sought feedback from people and their relatives about the quality of the service in the last 12 months. We saw that questionnaires had been completed and the provider had considered the responses. We saw that the findings were displayed within the home so that people and their visitors could read the feedback. We read many positive comments about the home. Where improvements were suggested, the provider had taken action. For example, where feedback included concerns about the décor within the home, the provider had responded that a full refurbishment programme was being undertaken. We saw this to be the case. We saw that a residents meeting occurred during 2015. We asked the registered manager about more recent meetings people were involved in. They told us they were looking at different ways of seeking the views of people who used the service. This included the development of a residents' forum. We saw a list of names on a noticeboard of people who had expressed an interest in joining this. This meant that the provider was seeking feedback about how to develop and improve the service.

The registered manager and provider were meeting their conditions of registration with CQC. We saw that our last inspection rating was displayed so that our most recent judgement of the service was known to people and their relatives. Where a significant incident had occurred within the home, the registered manager had informed us so that we could check that the required action had been taken. This showed that the provider was open to sharing information with others and knew their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider had arrangements in place to check that staff understood their responsibilities. We saw that staff attended regular team meetings with the registered manager and they told us they received feedback on their work. We saw that these meetings covered topic areas such as reminders about the cleanliness of the home and staff offering their support to people in line with their preferences. We also saw that staff met individually with the registered manager to receive feedback on their work as well as being observed when delivering care. This meant that the provider made sure that staff knew their responsibilities.

The provider had aims and objectives that they strove to achieve. These included offering individualised care based on people's preferences, to maintain people's dignity and to offer stimulating and meaningful activities. We found that staff knew about these aims and offered care in line with them. Where there were improvements required to the activities offered to people, the registered manager was taking action.