

Bowercroft Care Limited

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Inspection report

Bowercroft
5 Bower Mount Road
Maidstone
Kent
ME16 8AX

Tel: 01622672623

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on the 26 July 2016 and was unannounced.

Bowercroft Care Limited is a care home providing accommodation and care for up to 18 older people who may be living with dementia. At the time of the inspection 15 people lived at the service.

We last inspected the service on the 23 and 25 June 2015, when we made recommendations for improvement in relation to administration of medicines, updating policies and procedures, quality assurance auditing and enhancing the environment for people living with dementia. At this inspection we found that the provider had taken action and improvements had been made.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

People said they felt safe and relatives told us that they knew their relatives were safe. People were protected against the risk of abuse. Staff had had training and recognised the signs of abuse or neglect and what to look out for. Management and staff understood their role and responsibilities to report any concerns and were confident in doing so. Staff told us they knew what to do if they needed to whistle blow, and there was a whistleblowing policy available.

People had varied needs, and some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy by showing warmth to the provider, registered manager and staff who were supporting them. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Gaps in applicants' employment history had been followed up and DBS checks had been updated as appropriate. Staff were

trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments were being updated and were individual for each person. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Staff contacted other health and social care professionals for support and advice, such as doctors, speech and language therapist (SALT) and dieticians.

People were provided with diet that met their needs and wishes. Menus offered variety and choice. People said they liked the home cooked food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

People were given individual support to take part in their preferred hobbies and interests, and a range of activities were being provided by the activities co-ordinator and staff.

Medicines were stored, administered and disposed of safely. There were policies and a procedure in place for the safe administration of medicines. People had access to GPs and other health care professionals. Prompt referrals were made for access to specialist health care professionals.

People were aware of the complaints procedure and they knew who to talk to if they were worried or concerned about anything. Relatives said that they knew who to complain to if they had any concerns and provided positive feedback on the service as a whole. The registered manager said there had been no formal complaints made since the last inspection in June 2015.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; and daily contact with the provider and staff. The provider had suggested to relatives to leave a review on an on line website and many had done so.

The providers and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the CQC.

The provider had put into place signage on bedroom doors and pictorial signage on bathroom and toilet doors to aid and support independence of people living with dementia.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People indicated that they felt safe living in the service, and that staff cared for them well.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good ●

The service was effective.

We observed that staff understood people's individual needs and staff were trained to meet those needs.

People had access to food, drinks and snacks throughout the day.

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

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Is the service caring?

Good ●

The service was caring.

People were consulted about how they wanted their care

delivered. Staff were caring and spoke with people using the service in a respectful and dignified manner. People's privacy and dignity was respected.

Relatives were able to visit their family members at any reasonable time.

People's confidential information was securely kept.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were being improved and records showed staff supported people effectively.

Staff encouraged people to be as independent as possible. A range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good ●

The service was well-led.

Staff, people and relatives were positive about the management team and there was an open and caring culture in the service.

Staff told us they found management to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

The provider and registered manager were aware of their role and responsibilities in relation to notifying CQC of any incidents or serious injury to people.

Bowercroft Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 26 July 2016, was unannounced and carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of older person care service.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we observed care in communal areas. 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 spoke with five people and two relatives about their experience of the service. We spoke with the provider, the registered manager, and three staff. We observed staff carrying out their duties, such as giving people support at lunchtime. We contacted five health and social care professionals and asked for their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, four staff records, the staff training programme, the staff rota,

medicine records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to commented, "I am very happy here and I'm safe because of all the people around"; "I am so happy here, I feel so much a part of everything"; "It feels very safe here and there are plenty of people around and you can ask if you need something", and "It is very good here, there have been so many improvements. There are new fire doors and they have been well fitted. The place is always clean and tidy and they make me feel welcome. Staff are observant, I have seen people moving around by themselves but they are not left alone for long, so they have their independence but it's safe".

One visitor told us, "I am very happy with the improvements to the home by the new owners. I am always made to feel welcome and most times offered a drink. My relative is happy with her room as they painted a wall pink which she wanted".

A health and social care professional commented, 'I feel the home is safe, they request visits appropriately and early on in an illness'. Another commented, 'Over the past year I have noticed a vast improvement in care to the service user'.

There were suitable numbers of staff to care for people safely and meet their needs. The provider showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times during the day. There were three care staff on during daytime hours, together with a cook and a cleaner. There were two waking night staff on duty at night. The provider said if staff telephones in sick, the manager in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The provider told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find staff to assist and people in the lounge were not left alone for more than a few minutes.

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out and complete. This enabled the provider to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme that included dementia awareness, during their probation period, so that they understood their role and were trained to care for people.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The provider was aware of their role

and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the provider or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

The risk involved in delivering people's care had been assessed to keep people safe. Risks were minimised and safe working practices were followed by staff. We saw that risk assessments were being completed on the new electronic record system for each person to make sure staff knew how to protect them from harm. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, falls risk assessments were in place for staff to refer to and act on.

Accidents and incidents were clearly recorded and monitored by the provider to see if improvements could be made to try to prevent future incidents. For example, purchase of a pressure mat, to alert staff when a person gets out of bed.

Medicines were stored, and disposed of safely. Staff followed the provider's medicines policies. Staff were trained to assist people with their medicines where this was needed. People who received support from staff with their medicines told us that they were given their medicines as required by their GP. Staff we talked with told us how they supported people safely when dealing with medicines. People were asked for their consent before they were given medicines and staff explained what the medicine was for. Audits of medicines had since the last inspection been implemented and staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Staff were informed about action to take if people refused to take their medicines, or if there were any errors.

People were cared for in a safe environment. The premises looked and smelt clean. The premises had been upgraded, maintained and suited people's individual needs. Equipment was serviced and staff were trained how to use it. The premises were maintained for example new flooring was in place to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping. Further improvement was planned by the provider over the coming months, for example to the garden area, re-decoration of the lounge and provision of new armchairs.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Is the service effective?

Our findings

People who were able to tell us about their experiences felt that their health needs were well met at the service. One person said, "If I needed a doctor or optician, the staff would sort it out for me". Other people said, "The food is good and there is always enough of it, I don't feel hungry. I can ask for a drink if I want one"; "The staff are kind and have time to talk to me", and "They are all such lovely people, they include me in everything and I never feel alone"

One visitor said, "There have been so many changes, fire doors that close quietly, rooms that are well maintained, wooden flooring - a great improvement".

A health and social care professional commented, 'I feel the home is efficient, They implement care quickly, get prescriptions quickly and appropriately. The home is always clean and tidy'.

Recent reviews that had been posted on line about the service included comments for example, 'A very pleasant care home, the staff and residents always seem happy. There is always something going on. Staff made you feel very welcome. The meals are varied and I am told by my partner they are tasty. The residents always look well cared for in their appearance. The improvements to the décor of the home are looking very nice. My family are always happy when we visit'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The new care plans that were being completed for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLS. The registered manager understood when an application should be made and how to submit them. This ensured that people were not unlawfully restricted. She told us that currently none of the people were subject to a Deprivation of Liberty Safeguards order. This ensured that people were not unlawfully restricted.

We observed that staff sought people's consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to

the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. As part of the new care planning system there were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

All new staff completed an induction when they started in their role. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people. Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. Management said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed as competent to do so.

Records seen showed that staff had also completed nationally accredited qualifications in health and social care (NVQs). These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard.

Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia.

Staff were being supported through individual one to one meetings and appraisals. The provider have set up one to one meetings and appraisals for staff. This was to provide opportunities for staff to discuss their performance, development and training needs, which the provider was monitoring. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. In this small service staff saw and talked to each other every day. Staff were aware that management was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. The provider had updated the menus, so that people had a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen. One person said, "The food is good I eat it all". Some people needed to have their food fortified to increase their calorie intake if they had low weights. Care staff weighed people monthly and recorded the weights in their care plans. They informed the provider of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. People told us drinks were always available.

We observed that people were asked where they would like to sit at lunchtime and there was a quiet ambience during this time. Meals looked appetising and people were given a choice of a pasta dish with vegetables or cheese omelette with potatoes and vegetables. The food was hot and there was a choice of four desserts. People were visually shown the choice and told what the choices were of the main meal and desserts so that they could choose what they wanted. A choice of drinks was served and there were adequate staff around. A few of the people spoke to each other and staff kept up a rapport and easy atmosphere with them.

The provider had procedures in place to monitor people's health. People told us that referrals were made to health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People told us that their health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

Some adaptations to the environment had been made to meet people's physical needs. For example, raised toilet seat, and grab bars provided support for people to enable them to retain their independence. Other areas of the premises had been partly adapted to meet people's needs. For example, the stairs were open in that it was possible to walk up and down them beside the stair lift. Since the last inspection large signage with words and pictures was now in place to aid and support independence of people living with dementia.

Is the service caring?

Our findings

People were very positive about the staff and living at the home and told us, "The girls talk to me and they know I like a shower not a bath, they know I want to be independent but that I will ask if I need them"; "They are all lovely people, they chat to me and include me in everything and I never feel alone, I am so lucky to be here with all these people"; "I am comfortable in my room and can go to bed when I like", and "People are kind and respectful, and they do not harass me to join in things which I don't want to".

One visitor said, "We like the privacy here, we can go to his bedroom to chat or into the quiet room and he is not forced to do anything he doesn't want like joining in things. The staff are very observant and know who is walking in the corridors and who needs help. They always seem to have an eye open to see what is going on".

A health and social care professional commented, 'The staff in the home are very caring and respond quickly to people's needs. The staff are helpful, know the people well and can answer my questions about people'.

Positive caring relationships were developed with people. Throughout the course of our inspection we observed staff engaging in meaningful conversations with people. People were treated with kindness and understanding. People were comfortable with staff and staff knew people very well and what they liked and didn't like.

People and their relatives had been involved in planning how they wanted their care to be delivered. People and their relatives felt involved and people had been consulted about their likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff were responsive to people's needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in meetings to discuss the regular assessments and reviews of their individual needs.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with

respect. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People said they were always treated with respect and dignity. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. There were caring interactions observed with the lady who carried around a keepsake. The keepsake was treated with affection and respect, as was the lady herself. Staff were very patient with her when she interrupted them, and her soft toy was returned to her promptly at one point.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. People said they had no complaints about the service and routines were flexible to accommodate their choices. They said, "I'm very happy here, I have no reason to complain about anything"; "They (staff) do take care of me"; "I sleep very well and have a nice comfortable bed and bedroom", and "I am very independent and can wash myself. If I do need help I will ask as they are very kind. They are lovely people and they have time for a chat".

One visitor told us, "I can visit whenever I want and I would certainly say if I saw something that made me unhappy. The staff are easy to talk to and I see the manager and owner most times that I come in".

A health and social care professional commented, 'I feel the service is responsive to both me, the people and families and they are very caring'.

The providers carried out pre-admission assessments with people to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People's needs were assessed by the provider and care and treatment was planned and recorded in people's individual care plan. New electronic person centred care plans were being introduced for staff to follow to meet individual care needs. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

People were supported to take part in activities they enjoyed. Recent reviews that had been posted on an on line website about the service included comments for example, 'They (staff) make a real effort to occupy and stimulate the residents during the daytime with a range of voluntary activities, such as flower arranging, music or manicures', and 'In recent months they have introduced different and varied activities which all residents seem happy to take part (although no one is forced to if they don't want to). I cannot praise them enough for what they have achieved'. We saw individual records of activities that people had taken part in. These included, puzzles, quizzes, bingo, card games, reminiscence and music and singing. A hairdresser visited weekly. Some people liked to watch television, listen to music, and staff supported them in ensuring they had the things that they needed. People were involved in activities of their choice that kept them occupied and stimulated. People's family and friends were able to visit at any time. This showed that the

range of activities had improved since the last inspection visit.

People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. All visitors spoken with said they would be confident about raising any concerns. The provider told us that they regularly spoke with families and updated them on any changes that have been made, together with asking their opinions on further planned changes. The provider had updated the complaints policy and would investigate and respond promptly to any complaints made. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the provider would deal with them appropriately within a set timescale. The registered manager said that there had been no formal complaints since the last inspection in June 2015.

Is the service well-led?

Our findings

People spoke highly of the management team, and said that staff listened to them. Staff said they felt they could speak with management if they had any concerns, and that they liked working for the service. Our discussions with people, one of the provider, the registered manager and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that management were supportive of them. Staff told us that management had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. One person said, "I see the manager and the owner regularly and they are always pleasant, I would say if I was unhappy or needed to complain about anything".

A health and social care professional commented, 'The owner is frequently on site while I am there and the manager, her deputy and the senior staff are responsive, caring, organised, efficient and keep good records'.

The provider had asked people and relatives to complete surveys and encouraged people to comment on an on line website. Recent reviews about the service included comments for example, 'My Mother is always clean, safe and well cared for. The staff are wonderful, genuinely kind and caring towards Mum and they keep me well informed. I visit at random times any day of the week and have always found the home calm, well organised and well managed'; ' Since the new owners have taken over there has been a marked improvement in every aspect of this care home and I would recommend it to anyone. My Mother has had an upgrade to her accommodation and all the staff seem a lot happier in their roles. Well done'; 'The new providers are doing everything possible to give the residents a very happy, homely, safe, caring environment to live in, and from what I see from my Mother and other residents, it is working exceedingly well', and 'The management are so kind and friendly and the staff look after my Dad so well. He is very happy, and that gives me peace of mind. The food is home cooked, and activities are carried out every day. The staff are always around to help, they are always smiling and happy. Since the new owners have taken over they have been decorating and improving the home to a very high standard. I have recommended the home to many people and will continue to do so'.

There were systems in place to review the quality of all aspects of the service. All systems were regularly reviewed supported by the social care consultants who visited unannounced every three months. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialist companies to check the safety of equipment and installations such as gas electrical systems, hoists and the adapted baths to make sure people were protected from harm. The provider informed us that following an inspection by the Food Standards Agency they received a 5 star award.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; and daily contact with the provider and staff. People told us that there was good communication with the provider. This meant that people were being asked about their experiences of the service to improve or monitor quality.

Staff were aware that the provider had an open door policy and were available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concern within this system. All of the staff we talked to said that the staff 'worked well as a team' and this was evident in the way the staff related to each other and to people they were caring for.

The provider, and the staff were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. People and relatives spoke highly of the staff. We heard positive comments about how the service was run by the provider. They said the provider had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

The management team at Bowercroft Care Limited included the provider, the registered manager and senior staff. The provider supported the registered manager and staff team. Staff understood the management structure of the home, which they were accountable to, and their roles and responsibilities in providing care for people. Communication within the service was facilitated through regular meetings. Minutes of staff meetings showed that staff were able to voice opinions. Staff told us there was good communication between staff and the management team. The provider had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

The provider had updated the aims and objectives of the service as set out in the Statement of Purpose, so that there was a clear understanding of what the service could provide to people in the way of care and meeting their physical and mental health needs. This was so that staff were able to understand the aims of the service, and people had an understanding of what they could expect from the service. Policies and procedures were being updated to make sure they reflected current research and guidance. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The management team demonstrated their commitment to implementing changes, by putting people at the centre when planning, delivering, maintaining and aiming to improve the service they provided. From our observations and what people told us, it was clear that changes in practice had been successfully cascaded to the staff and were being put into practice. It was clear that they were committed to caring for people and responding to their individual needs. For example, variety and choice of food provided, decoration of bedrooms to meet individual needs either prior to admission to the service, or as part of on-going re-decoration.

The registered manager ensured that staff received consistent training, supervision and appraisal so that

they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

The ethos of providing good care was reflected in the record keeping. Clear and accurate records were in the process of being entered onto the electronic record system and as this had just recently started the work was on-going so that comprehensive details about each person's care and their individual needs were recorded. Care plans were reviewed and audited by the provider and registered manager on a regular basis.

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