The Cedars (Baildon) Limited

The Cedars

Inspection report

23-25 Threshfield
Baildon
Shipley
West Yorkshire
BD17 6QA

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30 January 2018

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23 March 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Cedars is a 'care home' in Baildon, Bradford. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The care home accommodates 12 people in one adapted building.

The inspection took place on 30 January 2018 and was unannounced. At the previous inspection in January 2016 we identified one breach of regulations relating to 'Good Governance. "Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to ensure compliance with the regulations.

At this inspection we found issues remained with the organisation, presence and relevance of documentation. Although we did not identify any significant risks to people, if appropriate and robust documentation is not maintained there is the risk of unsafe of inconsistent care delivery.

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

The registered manager and provider were very 'hands on' and provided highly person centred care. There was a dedication to ensuring people had fulfilling lives and the best possible care and support experience. However the 'hands on' nature of the registered manager was at the detriment to maintaining appropriate documentation, with a lack of administration support to carry out these duties. This lack of robust documentation meant the service could not consistently evidence safe, effective care and a well led service, despite some really positive feedback about the service from people, relatives and staff and positive interactions observed during the inspection.

People were safe from abuse living in the home. People said they felt safe and safeguarding procedures were in place to help protect people. Whilst the staff we spoke with had a good understanding of each person and the risks they presented, this was not always underpinned by robust and up-to-date risk assessments which increased the risk of inconsistent or appropriate care.

The premises was maintained to a high standard with very pleasant fixtures and fittings and a warm and homely feel. Key maintenance checks were undertaken in most areas, although we identified some concerns relating to fire safety which we referred to the Fire Service.

Medicines were managed safely and people received their medicines as prescribed. However protocols were required to support the safe and consistent use of "as required medicines"

There were enough staff deployed to ensure people received prompt care and support. Staff had time to spend with people as well as completing care and support tasks. Recruitment procedures were in place but documentation did not always evidence some of the recruitment decisions made.
Staff knew people well and were knowledgeable about the topics and questions we asked them about. However staff training was not well organised and we were unable to evidence staff had received training in a number of areas.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, decisions were made in their best interest. There was a culture of seeking consent before any care and support interventions.

The service worked effectively with a range of health professionals to meet people's individual needs. Technology was utilised to help ensure care needs were met.

People had access to home cooked food which they said was of high quality. People had a range of choices which were adapted to people's individual needs.

Staff were extremely kind and caring and treated people with a high level of dignity and respect. There was a pleasant , family like atmosphere within the home. Staff knew people very well and chatted to them throughout the day.

People's views and opinions were respected and acted on. People had a say in what went on within the home, including the food, activities and décor. People's independence was promoted and several people helped out around the home in order to achieve this.

People's care needs were assessed and a range of plans of care put in place. Whilst we saw appropriate care was provided to people, care plans did not always reflect people's current needs. People received kind and compassionate end of life care.

People had access to a range of activities and social opportunities. The service supported people to go out into the community and access events and community gatherings.

People and relatives displayed a high level of satisfaction with the service. They said the management team were approachable and listened to any issues or concerns they had.

There was a positive and visibly person centred culture within the home with people, relatives and staff all saying they would recommending the home to others.

Improvements were needed to governance systems to ensure the service achieved compliance with the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits ,checks and improvements plans needed putting in place to help achieve this.

We found two breaches of the health and social care act 2008 (Regulated Activities) 2014 Regulations. You can see what action was asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People felt safe living in the home. However care and support was not always underpinned by relevant and up-to-date risk assessments to help promote consistently safe care. Systems were in place to protect people from abuse.

Overall medicines were safely managed and people received their medicines as prescribed.

There were enough staff deployed to ensure people received personalised care and support and assistance when they required it. Improvements were needed to recruitment practice as documentation did not demonstrate that safe procedures were consistently followed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service needed to ensure it worked to recognised guidance and legislation. Staff had an in-depth knowledge of people they supported. However training records were not always present which meant the service was unable to evidence that staff had received training in a range of areas.

People spoke positively about the food provided by the home. It was home cooked and adapted to people's individual needs and requirements.

The service worked with a range of health professionals to help ensure people's needs were met.

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

Is the service caring?

Good

The service was caring.

People and relatives provided very positive feedback about the caring nature of the staff and owners. This was confirmed by our observations.

Staff knew people very well and had developed good positive relationships with them. People's independence was promoted by the service.

Care was person centred and people's views and opinions were used to plan people's care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their individual needs. Peoples were supported to follow their interests and participate in activities in the home and the wider community.

The service utilised technology to enhance people's care and support experiences.

People were very satisfied with the service, but mechanisms were in place should people wish to raise any concerns or complaints.

People received individualised and compassionate end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Documentation relating to people's care and support and training was not kept up-to-date. Improvements had not been made in this area following the last inspection.

There was a strong, visible person centred culture within the home. People , relatives and staff provided very positive feedback about the home.

People's views and feedback was used to improve the service and enhance people's care experiences.

The Cedars

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. At this inspection we followed up on the requirement notice we issued at the last inspection in January 2016 to see if improvements had been made.

The inspection took place on the 30 January and was unannounced. The inspection team consisted of two inspectors. During the inspection we spoke with six people who used the service and six visitors. We also spoke with three care workers, the registered manager and provider. We observed care and support, including the mealtime experience and looked around the home. We looked at three people's care records and other records such as medication records, meeting notes, accident and incident reports, training records and maintenance records. Because some maintenance records were not available to us on the day of the inspection, we requested these were sent to us after the inspection. The registered manager forwarded the required documents onto us.

Before visiting the home we reviewed the information we held about the service which included notifications sent to us by the provider. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service. We spoke with one health care professional who works with the service.

On this occasion we did not request a Provider Information Return from the provider. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

Requires Improvement

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. People told us they felt safe living in the home. They told us staff were kind to them and always treated them well. One person said "I feel so safe and secure here. It's always nice and warm and staff do everything they should to make sure you are ok." Another person described the home as, "Homely, warm and cosy." A relative told us, "It always feels so warm and homely. It's a home not an institution." Staff were able to tell us how they would identify and act on allegations of abuse to help keep people safe. We saw there had been no recent safeguarding incidents, however, our discussion with the registered manager demonstrated they had a good understanding of safeguarding processes, giving us assurance the correct procedures would be followed should an incident occur. Where finances were held on behalf of people, records were kept to provide a full audit trail of any income and expenditure to protect people from financial abuse.

Whilst staff had a good understanding of the risks each person posed and how to keep them safe, this was not always underpinned by robust and up-to-date risk assessment documents. We observed staff were vigilant in ensuring people remained safe. For example, we saw staff reminding one person who was standing up to remember to use their mobility aid. They also prompted another person to put their slippers on before standing up to ensure they were wearing appropriate footwear to help reduce the risk of them falling. During breakfast we saw one person, who lived with dementia, reach for the teapot to pour themselves a drink, staff reminded them to pick the teapot up by the handle because the teapot contained hot tea. This showed us staff were mindful of ensuring they promoted people's independence and freedom in a safe and supportive way. We saw evidence the service liaised with care professionals and obtained specialist equipment when people's needs changed, for example, in relation to skin integrity and falls.

Risk assessment documents demonstrated that although risks to people's health and safety were assessed they were not always kept up-to-date. For example, one person's mobility had reduced and they needed two staff to meet their moving and handling needs, with specific equipment. Although staff were clear on the plan of care, there was an absence of formal risk assessment stating how this would be done safely. This person's skin risk assessment and care plan had also not been updated to show they now spent most of their time in bed.

Nutritional risk screening tools and care plans were not always kept up-to-date following changes in people's weights and care plans contained a lack of information on the measures needed to promote good nutrition. Whilst we saw care practices had been adapted following changes in people's needs, the absence of up-to-date formal risk assessments and care plans had the potential for inconsistent and unsafe care to occur. It also meant there was a lack of evidence the risks associated with each person's care had been formally considered and assessed.

The provider did not have Personal Emergency Evacuation Plans (PEEPs) in place to instruct staff how to safely evacuate people in the event of an emergency. Although staff knew people well, we were concerned there were not appropriate processes in place to promptly and accurately inform the emergency services of people's needs in the event of an emergency. The staff we spoke with told us they would check the fire panel

if the alarm sounded but could not tell us how they would tell the emergency services about people's needs to ensure safe evacuation. This demonstrated a lack of risk assessment in this area. Some fire maintenance records were also not consistently in place. We made a referral to the local fire authority about these issues.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

We concluded there were enough staff to meet people's individual needs. People who used the service and relatives told us staffing levels were appropriate, that they received prompt care and support and regular interaction and companionship. One person told us, "Whenever I press my buzzer they are there like a flash." Another person told us, "Staff are very attentive and come to you straight away if you ask for something." The registered manager told us the usual minimum staffing level were two carers during the day and one carer at night. The registered manager lived above the home so were always on call and regularly helped the care staff during the day. They also told us they were on call during the night and would come down if the night carer required additional support. Care staff were supported by ancillary staff such as the cook or cleaner. We observed care and saw people were provided with prompt assistance when required. Staff had time to spend with people meeting their social needs as well as assisting with personal care. We saw staff were unrushed and staff all told us there were enough of them to meet people's needs.

The registered manager told us they never used agency staff because they could not guarantee they would work to the same high standards which they expected from their care staff. They told us unexpected absences were covered by offering extra shifts to their regular staff. If staff could not pick up the shift then they were always available and would work on the care rota. However, when we reviewed the care rotas we saw that where the registered manager had worked a care shift they did not record this on the staff rota. This meant it was difficult to establish from reviewing the rotas that all care shifts had been appropriately covered. We discussed this with the registered manager and they confirmed they would ensure a clear record was kept of all care shifts they had worked so that they could appropriately evidence that appropriate staffing levels had been maintained.

Overall, medicines were managed safely. Medicines were stored securely within locked cupboards and there was appropriate storage for controlled drugs. We observed a person centred approach to medicine administration with senior care staff giving medicines to people at the times they required them. For example, some people needed their medicines before food and arrangements were in place to ensure this happened. Medicine Administration Records (MAR) were in place which demonstrated people had received their medicines as prescribed. Whilst we were able to account for most medicines, stock balances from the previous month had not always been carried forward onto the current months MAR making reconciliation difficult. In addition, protocols were not in place for "as required medicines" such as pain relief instructing staff on how to consistently offer these types of medicines. However, this risk was mitigated somewhat as staff knew people well and how to identify if they needed these medicines. Safe arrangements were in place for the application of topical medicines such as creams.

We saw a high standard of cleanliness throughout the home and we found no bad odours in any area. We saw protective equipment was available and accessible to staff in key areas such as bathrooms and we saw staff used these in an appropriate way to help reduce the spread of infection. We saw staff adhering to good hygiene practices for example wearing personal protective equipment such as gloves and aprons appropriately. A relative said, "It doesn't smell its always as clean as you see it now." In November 2017, the service had been awarded a five star rating for food hygiene by the Foods Standard authority, this is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Many of the staff employed had worked at the service for a number of years and there was therefore a low turnover of staff. This meant people benefitted from consistent care from staff knowledgeable about their needs and were able to build positive relationships with the people who cared for them.

We saw that the provider had undertaken checks to ensure the people they employed were safe and suitable to work with vulnerable people. For example, they had sought references and carried out criminal records checks with the Disclosure and Barring Service (DBS) to make sure the applicants did not have a criminal conviction which may have made them unsuitable to work with vulnerable people. However, we found the processes followed were not always appropriately recorded. We saw one staff member had a previous conviction. The registered manager was able to describe in detail what measures they had taken to ensure this would not impact upon their ability to safely care for people. However, they had not completed a formal process to document their rationale and risk assess this situation prior to employing them. The registered manager said they would complete a thorough risk assessment as an immediate priority. This was forwarded onto us after the inspection.

In another staff file we saw a character reference from someone the staff member had previously worked with. However, there was no reference from their last employer. The registered manager told us they had requested the reference several times but had no response from their last employer. This had not been recorded within the person's recruitment file. This meant the provider was unable to demonstrate they consistently followed safe recruitment procedures.

When we looked around we saw the home had safety features such as radiator coverings to protect against the risk of burns and window restrictors to reduce the risk of falls. The registered manager explained that key safety checks such as the gas and electrical systems were carried out However, the office where information was stored was disorganised and therefore it was difficult to locate many of the maintenance records we requested. These were all sent to us following the inspection.

Accidents and incidents were recorded and we saw evidence that action was taken including liaising with health professionals and ordering equipment following incidents such as falls. When things went wrong lessons were learnt for example we were told one person became stuck in the bath after the batteries on the hoist ran out. We saw a new procedure had been put in place to reduce the likelihood this would re-occur. The registered manager, owner and staff were committed to improving people's experiences and taken action to reduce the likelihood of adverse events.

Requires Improvement

Is the service effective?

Our findings

We found people's care needs were met by the service, this was achieved through close consultation with people and their relatives and close monitoring of people's care experiences. However, the service did not always seek and work to recognised guidance particularly in terms of ensuring the required documentation and protocols were in place to underpin consistently safe and effective care.

We recommend the provider accesses guidance and support to help ensure they can evidence care is consistently delivered in line with current legislation and evidence based guidance.

People provided excellent feedback about the staff who cared for them and said they were equipped with the skills and knowledge to properly support them. Many of the staff had been at the service for several years and knew people very well. The registered manager was selective about the staff they employed to ensure they worked to a consistent high standard. This helped ensure effective care.

Staff received a mixture of ongoing training including classroom training by external training providers, online training and some hands on training delivered by the registered manager. However, we were unable to evidence from the records available that all staff had completed appropriate training in key topics, such as, safeguarding. Although the registered manager assured us that all staff completed regular training in these areas and staff were able to talk speak confidently about these topics, we were concerned that without an accurate and centralised training log the registered manager would be unable to effectively monitor staff training. This issue had also been identified at the previous inspection.

This was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

New staff received an in house induction which included an overview of key internal policies and procedures such as fire safety and pressure area care. They also completed a number of shadow shifts until the registered manager judged that they were competent to work independently. Staff who were new to care were supported to undertake the Care Certificate. This is a nationally recognised training programme designed to give staff new to care the knowledge and skills they need to deliver safe and effective care. We spoke with a staff member who had recently completed this and they told us they found it a helpful introduction to care. However, they said they found the 'on the job' training delivered by the registered manager to be the most useful to ensure they could meet the individual needs of people who lived at the home. They told us, "They showed me precisely how to deliver appropriate personal care and pressure area care to people. She taught me so much and how to ensure all the care we deliver is personalised to each individual person's needs and requirements."

The registered manager did not complete regular supervisions or appraisals with their staff. However, they said they operated an open door policy where staff could come to them at any time to raise issues. They also regularly worked alongside their staff on care shifts so explained they were able to monitor and address any poor quality care practices or training needs. This was confirmed by the staff we spoke with. One staff

member told us, "You can go to the manager whenever you need anything, they will never turn you away or make you feel like you are asking a stupid question." Another staff member told us, "I feel really well supported, I don't have formal supervisions but I don't need one as I speak to [registered manager's name] every day anyway and they always act on what I tell them or ask for."

People who used the service and relatives provided good feedback about the food provided. One person told us, "The food is really good and excellent quality." Another person told us, "I am always full, we never go hungry, they are always trying to feed us." A third person said "The main meal is extremely good always fruit and drink out and tea." A relative said, "The food smells beautiful and always looks nice on the plate." All food was home cooked by the cook or in the absence the provider assisted. People had a good choice of food which rotated on a four weekly menu and individual requests were catered for. Food was fortified and people were provided with additional snacks to maintain good nutrition.

We saw that mealtimes were a relaxed and social occasion for people. Staff were attentive to the little details to ensure mealtimes were an individualised experience. For example, during breakfast everyone was given several food options including hot and cold items, juices and hot drinks. Where people ordered hot drinks we saw this was provided in an individual teapot with sugar and milk so the person could help themselves. At lunchtime there was a lovely atmosphere with people talking amongst themselves and to staff.

People's nutritional needs were assessed and staff were knowledgably about people's needs, although care plan documentation and risk assessments did not always reflect this knowledge. People were weighed regularly, however, this information was not always used to update care plans. We saw one person had two different weights recorded on the same day with no explanation within the records as to which one was correct.

We concluded the service worked effectively with other healthcare professionals to help meet people's needs. People told us they could see a health professional whenever they wanted to. One person told us, "If I am unwell they take great care of you, they don't hesitate to call the doctor to make sure you get what you need. I get everything I need living here and more." A relative told us, "They cope well with changes in needs and getting the doctors involved." They went onto say that contact with health professionals was "very good." We spoke with a health care professional who said the service listened to their advice and contacted them appropriate. They said they had no concerns over care at The Cedars.

Where people's needs had deteriorated and they needed more complex care and support for example with moving and handling, appropriate professionals such as physiotherapists and occupational therapists had been contacted, although this was not always evidenced through care records. Relatives said they were kept informed and involved when people's needs changed.

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection there were no DoLS in place. One authorisation had expired and had been re-applied for within the appropriate timescale but had not yet been reviewed by the supervisory body. The registered manager explained that they had considered DoLS applications for others but many people had capacity to consent to their care and support and they didn't believe the restrictions placed on others amounted to a deprivation of liberty safeguards. However, this rational could have been better supported through care plan documentation.

We saw evidence people's relatives and health professionals were consulted over best interest decisions and people were involved in decision making to the maximum extent possible. Staff explained choices to people and waited for people's permission before proceeding with care tasks.
For example, prior to lunch we observed staff encouraging one person to go to the bathroom. The person told them they did not want to go yet so staff left them for several minutes. When staff returned they asked the person if they wanted to go to the bathroom yet and when the person said they were ready, staff supported the person to stand and walk using their walking frame. Throughout this process staff provided the person with appropriate encouragement, reassurance and explained each step so the person understood what was happening. This demonstrated staff recognised the importance of consent.

The building was pleasantly decorated and finished to a high standard. People had been fully involved in redecoration of the premises for example being consulted over the colour of décor and carpets. We concluded the building was appropriately adapted for the needs of people using the service. The registered manager demonstrated that as part of the pre-assessment process for new residents they thought carefully about the building and its limitation in terms of space before determining whether they could meet any new people's needs.

Good

Is the service caring?

Our findings

People's feedback about staff was overwhelmingly positive. Everyone we spoke with told us staff were kind, caring, friendly and compassionate. This extended to the provider and registered manager who were very involved in providing care and support. One person told us, "It's a home from home here. Staff treat you as if you were a member of their own family. It's like a piece of heaven. I don't ever want to leave." Another person told us, "It's one of the best places you could ever imagine, it's fantastic, wonderful." A visitor told us, "The care people receive here is second to none, I would love to live here." Another visitor said, "Always feel very welcome, lovely manner how the staff treat them." A third visitor said, "Friendly and well-mannered staff, all staff nice." A fourth visitor told us how impressed they were with the constant interaction between staff and people which made for a friendly and family atmosphere.

People's views were also supported by our observations. Everyone was given a warm welcome as they arrived in the lounge area in the morning. We saw people received personalised care. For example, on the day of our inspection it was a person's birthday. Staff had arranged for the hairdresser to come in to do their hair. Staff really made a fuss of them when they came back from the hairdressers telling them how lovely they looked. We could tell from the smiles and positive body language that this really made the person feel happy. Staff also arranged a tea party so the person could celebrate their birthday with all the people who lived at the home. Staff decorated the dining room and got out party plates, cups and serviettes to make the event special. The cook asked the person if they wanted to come to the supermarket to choose the food they wanted for their party. They said they did and went with the cook to choose exactly what they wanted.

There was a homely and relaxed atmosphere in the home. We observed lots of laughter and appropriate and respectful fun and banter between people who lived at the home and staff. One person told us, "Staff are full of fun and keep us well entertained." Another person told us, "I don't normally like being away from home for Christmas but I really enjoyed it here. Staff made it a real celebration."

Staff were also complimentary about the quality of care provided. One staff member told us, "The care delivered here is really exceptional. I would be happy for any of my relatives to come to live here if they needed to."

Our observations and discussions with staff showed they knew people well and had developed strong positive relationships with each person. Staff had time to sit and chat with people, meeting their social needs. However, despite having this knowledge we saw staff were mindful to promote people's individual choice and independence. For example, during breakfast when staff offered people a choice they prompted them with what the person usually enjoyed for breakfast but were also clear about what other options were available on the menu. This helped people to make an informed decision about what they wanted to eat that day. We saw people were able to do as they pleased. For example, they could get up and go to bed when they wanted. One person said, "You can do as you like, get up late and have a lazy day if you want." Another person told us, "I like to go out for little walks as I love the fresh air, staff let me go out whenever I like. They make sure I am ok and remind me to wrap up warm but I can go into town whenever I want to, which is nice as that's something I have always liked to do."

We also saw that staff encouraged people to maintain their independence, for example, one person was supported and encouraged to open their own post during our visit. Other people helped set tables and assisted with the washing up.

People were encouraged to develop and maintain relationships. Visitors were able to visit the home when they wanted and given a warm welcome with the offer of food and drinks. One person told us that their partner visited twice a week and the home cooked meals for them so they could eat and spend time together. Staff also supported people to attend hospital appointments if no family were available to take them. This was done free of charge which demonstrated a caring service.

We also saw that staff spoke about this being a 'house' and were mindful to respect people's personal space, privacy and dignity. For example, in the communal lounge we saw multiple examples of staff encouraging people to be supported to go to the bathroom. This was always done in a discreet and respectful manner.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service. The provider promoted a positive and inclusive care ethos which put person centred care at the heart of care delivery. We saw staff were focussed on empowering people to make decisions about their care. Adjustments were made to care and support to cater for people's diverse needs, for example, ensuring appropriate equipment was in place to help where people had a physical disability.

Good

Is the service responsive?

Our findings

People and relatives all praised the standard of care provided. They said it was of a consistently high quality and met people's individual needs. A relative said , "It's absolutely fantastic here. Superb, if I had to go to a home I would come here, very homely." Another relative said, "Excellent care, more than happy with the home, it's more like a family, they feed them and look after them."

People told us the care delivered was highly personalised. One relative told us, "It's the little things that staff do which make all the difference. For example, they don't just dress people. They ask what they want to wear and ensure the clothes are clean and co-ordinated. They are attentive to the little details like remembering my relatives pearl necklace, earrings and helping to paint their nails. It shows the staff really do care and take time to ensure each person feels special." Our observations confirmed staff had taken their time and paid attention to detail when assisting people with their personal care. We saw that people's clothing was clean and co-ordinated and people had clearly been supported to brush their hair and clean their teeth. Staff had also asked people if they wanted to wear their jewellery and made sure people's spectacles were clean and reminded them to wear them. We saw one person was wearing an apron. We asked them about that. They told us they were never without an apron when they were at home and that they felt "lost" without it on. They told us staff had asked them if they wanted to wear their apron and ensured it was regularly laundered.

Prior to admission, the registered manager completed an assessment to ensure they could meet people's needs. They considered whether the home's environment, equipment and current residents were compatible with the person's needs. People were invited to look around and join the other residents for a meal if they wished to see if they liked the home. This allowed all parties to get to know each other and make an informed decision as to whether the placement was right. This helped ensure people's needs could be met as soon as they moved into the home.

The service had recently moved over to an electronic care record system. We saw a range of care plans were in place for areas covering communication, continence, personal care and skin integrity. These were subject to updates, however, these were not consistently updated which meant they did not always demonstrate the latest plan of care. Whilst this risk was mitigated somewhat by the small size of the service and knowledge of staff, action was needed to bring these plans up-to-date.

People and relatives said they felt involved in care and support. We saw people and relatives were consulted on a regular basis for example if their needs changed and they needed specific equipment or interventions from other healthcare professionals.

The service had utilised technology to help meet people's individual needs. The service used the telemedicine scheme run by a local hospital trust. Telemedicine provides remote video consultations between hospital nursing staff and the home. It helps support care outside hospital, including avoiding unnecessary visits and admissions to hospital. A new electronic call monitoring system had been introduced which monitored response times and allowed management to review whether people were waiting long for

assistance. Assistive technology such as pressure mats were used to help reduce the risk of falls in the home. The manager told us they were planning to introduce voice recognition devices around the home to allow people to have more control over their living environment, for example, allowing them to request certain music to play. This was an excellent opportunity to involve people in how the home operated.

We saw staff regularly engaged people in meaningful and appropriate occupation. One person told us they really enjoyed the entertainers who came into the home, particularly the singers and musicians. Another person told us they had always enjoyed keeping the home clean and tidy. During the inspection we saw they spent some time in the kitchen helping staff to wash up. They told us this was something they really enjoyed doing and helped to keep their "mind active." We also saw that during the afternoon staff got out a variety of games and puzzles which people played alongside whilst having a drink of sherry. People enjoyed playing these and provided a good chance for staff, people and visitors to interact and have fun together. One regular visitor told us, "Staff go the extra mile to ensure they keep people really well entertained here."

The service helped people maintain links with the local community. The provider took people out to the shops and to local café's and the service assisted people attend community events. Nursery children visited the home once a week to interact with the residents. People's spiritual needs were assessed and the service worked with people to meet these needs. One person who had recently moved into the home told us staff had supported them to attend a local Church. They told us their faith had always been a very important part of their life and they were looking forward to being able to continually attend the local Church now that they lived at the home

None of the people who used the service, visitors or relatives told us anything negative about the service or the standard of care provided. People said they would feel able to make a complaint if they had a concern. They told us they would tell staff or the manager directly if they had an issue and were confident they would be listened to. There was a formal complaints process in place which was provided to people when they moved into the home as part of the service user guide. The registered manager told us they had not received any formal complaints from people who used the service or their relatives in the past 18 months. A significant number of compliments had been received by the home with people and relatives having positive experiences of the service.

The service worked with other professionals to ensure people's end of life needs were met. We saw the service worked with professionals to ensure anticipatory medicines were in place and some staff had received training in end of life care. We spoke with two relatives about their experience of the care being provided to their relatives as they reached the end of their lives. Both were positive. One told us, "Staff are really sensitive and so tender with my relative. They know it's a difficult time for us and make everything as easy and compassionate as they can. We are so pleased we have found it here, the care is just excellent and we know longer have to worry." We spoke with a relative who said that the end of life care provided by the home was attentive and to a high standard. However, care documentation detailing end of life arrangements needed to be more robust.

Requires Improvement

Is the service well-led?

Our findings

Although we recognised the home was small and there was a high level of management presence; documentation relating to people's care and support and the management of the service was not always present or sufficiently robust. We did not find this impacted on people in a negative way, but there was a risk it would should robust risk assessments, care records and other systems not be maintained in the future. Whilst the registered manager was open and honest with us and recognised improvements were needed to aspects of documentation, the same issues were also present at the last inspection which demonstrated a lack of action taken to act on risks that we previously identified.

For example, at the last inspection we found it was difficult to establish whether staff had received training There was no collation of the training staff had received, and at times it was difficult to establish when staff last had training updates in subjects. There was no defined policy or criteria for how often training updates were required in various subjects, which had resulted in staff receiving updates at inconsistent intervals. Training was not underpinned by any training needs analysis or formal assessment of staff skill. This was still the case at this inspection.

Care plans were not always reviewed and updated regularly which meant information within them did not reflect people's current needs. There was no system to periodically audit and check care records to ensure they were maintained to a high quality. There was no overall system to monitor and check compliance with the regulations of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

Following our last inspection the registered manager had employed an administrative assistant to support them to get on top of the paperwork. However, the administrator had left after four months because they wanted to pursue an alternative career. Since then the post had been advertised but they had failed to find the right person to fill the role. This meant the registered manager did not have additional support to ensure they kept on top of administrative tasks and record keeping particularly as they prioritised being 'hands on' delivering care and support.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) regulations.

A registered manager was in place. We found the required notifications had been submitted to us such as any deaths which helped us monitor events occurring within the service. Feedback about the home and quality of care provided was consistently good from people , relatives and staff. They all said they would recommend the home to others. A staff member said it's a small friendly home, I love it, you interact more with people." A person said of the provider and registered manager "They are goodness of good, this place is marvellous. "The feedback about the registered manager was overwhelmingly positive. One staff member told us, "I can approach [registered manager's name] about anything. I wouldn't hesitate to go to them if I had a problem as I know they would act on it."

We concluded that the registered manager had exceptionally high standards and promoted the ethos that staff should always deliver high quality and personalised care. We noticed that staff did not call the service a 'care home' but referred to it as a 'house.' We asked staff about this. One staff member told us, "We call it a house because that makes you think that everything you do and the care you provide should be the same high standards you would give to a member of your own family. We always treat people who live here as family and respect that this is their home." The registered manager and owner were very hands on and this combined with the small size of the home meant they had an in-depth knowledge of how the home operated, people's needs and their likes and dislikes. This helped ensure a very person centred culture. It was clear they were very dedicated to ensure people's experience in the home was as positive as possible.

The provider sent out annual quality questionnaires to people who used the service and their relatives. We reviewed the returned questionnaires completed by people in August 2017. All of the feedback provided was extremely positive and there were no suggestions about anything which people felt needed to change or be improved. However, the registered manager said they reviewed every response and if there had been any suggestions they would implement any suggested changes wherever possible. The service sought people's views and feedback in all areas of the home for example menu's were consistently revised based on people's requests and their feedback about the food. People were fully consulted over activities and new décor.

For example, a new carpet was required in the lounge area. People were asked what type of carpet they wanted and they said they wanted an exact replicate of the current carpet. The provider and manager went to some effort to source the same carpet taking samples to a number of shops. This showed the service was committed to acting on people's views and feedback.

We saw some evidence the service learnt from incidents and adverse events to improve safety and the manager was dedicated to improving people's involvement and care experience for example through the use of technology. However, the service had not acted on our feedback following the last inspection and needed to put in place management plans to improve its governance systems and processes.

The service worked with a range of other agencies including health and social care professionals to provide appropriate care for people. We saw good relationships had been developed and maintained with these professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2a) Risks to people's health and safety were not always assessed due to the lack of formal risk assessments being in place.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) (2a) 2b) (2c) (2e) Systems and processes were not in place to ensure all risks to people's health and safety were robustly assessed. Documentation relating to people's care and support was not always accurate. The service had not acted on the feedback provided at the previous CQC inspection.

The enforcement action we took:

We issued a warning notice