

Healthcare Homes Group Limited

Bilney Hall

Inspection report

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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

This inspection took place on 22 February 2017.

Bilney Hall is a care home that provides accommodation and personal care for up to 64 people. It is split into three separate areas. There were 52 people living in the home on the day of the inspection, some of whom were living with dementia.

There was a registered manager employed at the home. They registered with us in November 2016. 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 and associated Regulations about how the home is run.

At the last inspection in June 2016, we asked the provider to take action to make improvements in a number of areas to improve the quality of care that people received. This included improvements in relation to: the management of risks to people's safety; staffing levels within the home; staff training, recruitment and supervision; how the staff obtained consent from people; providing people with care based on their individual needs and governance arrangements within the home. We conducted a further inspection of the home in November 2016 specifically to ascertain whether the provider had adequately improved their governance systems. At that inspection we judged that they had done this. At this inspection we followed up the other areas that had required improvement and we found that the necessary improvements had been made in these areas.

Systems were in place to protect people from the risk of abuse and avoidable harm. The staff had received sufficient training and supervision to provide people with good care and to reduce risks to people's safety.

People received their medicines when they needed them and there were enough staff to support them when required and to meet people's individual needs.

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

Consent was sought from people before a task was undertaken. Where people lacked capacity to make their own decisions about their care, consent had been obtained in line with the relevant legislation.

People received enough food and drink to meet their individual needs and they were supported to maintain their health.

The staff were kind, caring and compassionate and knew the people they supported well. They listened to people, quickly dealt with any concerns they raised and treated them with dignity and respect.

People's individual wants and needs had been assessed and the staff were meeting these. People were treated as individuals and were encouraged to participate in activities that were meaningful to them and that enhanced their well-being.

The leadership in the home was good. The staff received direction and understood their individual roles and responsibilities. The registered manager and provider had instilled an open door culture where staff and people felt happy to raise concerns without fear of recriminations.

People and staff were involved in the running of the home. Their suggestions for improvement were listened to and where possible, implemented. Systems and processes were in place to assess, monitor and improve the quality of care people received. Where incidents had occurred, a full investigation had taken place and learning applied to reduce the risk of the incident from re-occurring again in the future.

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.

Systems were in place to protect people from the risk of abuse and avoidable harm.

There were enough staff to meet people's needs and to help reduce risks to people's safety.

Environmental risks had been assessed and were being managed well and people received their medicines as intended by the person who had prescribed them.

Is the service effective?

Good ●

The service was effective.

Staff had received enough training and supervision to enable them to provide people with effective care.

People's consent to their care had been sought in line with the relevant legislation.

People received enough to eat and drink to meet their needs and they were supported to maintain their healthcare.

The environment was suitable for the people living in the home.

Is the service caring?

Good ●

The service was caring.

The staff were kind, caring and compassionate and treated people with dignity and respect.

People were involved in making decisions about their care and the staff respected these.

Is the service responsive?

Good ●

The service was responsive.

People received care based on their individual needs and preferences.

The staff supported people to participate in activities that were of interest to people. This provided them with stimulation and enhanced their wellbeing.

Systems were in place to encourage people to feedback concerns about their care. Any concerns raised had been fully investigated.

Is the service well-led?

Good ●

The home was well-led.

There was an open culture in the home where people and staff could voice concerns if they needed to. Good leadership was in place to provide staff with direction and guidance.

People and staff were involved in the running of the home and the quality of care provided.

Effective systems were in place to monitor the quality and safety of the care provided and where shortfalls were identified, action was taken to correct this. This demonstrated a culture of learning.

Bilney Hall

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 home under the Care Act 2014.

This inspection took place on 22 February 2017 and was unannounced. The inspection team consisted of two inspectors 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 care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed other information that we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

During the inspection visit we spoke with four people living at the home and four visiting relatives. We also spoke with five care staff, the chef, two staff responsible for providing people with activities, the registered manager and a director who represented the provider. Most people were not able to provide us with comprehensive feedback about the care they received. We therefore spent time observing how care and support was provided to people.

The records we looked at included five people's care records, people's medicine records and other records relating to people's care, four staff recruitment files and staff training records. We also looked at records relating to how the provider monitored the quality of the service.

Is the service safe?

Our findings

During our last inspection in June 2016, we found that risks to people's safety had not been adequately managed exposing them to harm. This had resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that the required improvements had been made and therefore, the provider was no longer in breach of this regulation.

Risks to people's individual safety had been assessed and had been managed well. These included risks in respect of people developing a pressure ulcer, not eating enough and falls. We saw that actions had been taken to reduce the risk to people experiencing harm within these areas. For example, people who were at risk of falling out of bed had beds low to the floor to reduce the risk of them experiencing injury. People who required a frame to help them walk always had these near to them. Another person who had been assessed as being at risk of choking on their food, was receiving soft food and thickened drinks to reduce this risk. We also saw that staff made sure the person was sitting upright when they received their food. The staff told us they had time to take action to reduce risks to people's safety.

For those people who were at risk of developing a pressure ulcer, equipment was in place to help reduce this risk such as a specialist mattress on their bed. We observed some people sitting on specialist cushions when they were sitting in chairs. The staff told us they regularly supported people where needed, to change their position to also help reduce this risk.

Since our last inspection, the provider had reviewed their heating arrangements and ensured that radiators in people's rooms were either covered or low heat emitting to protect them from the risk of burns or scalds. Portable heaters were only used in the event of a heating breakdown. Where this had happened, the risks associated with using this type of heater had been completed to ensure it was safe for the person to use.

The provider had reviewed their fire risk assessment and ensured that actions had regularly taken place to reduce the risk of a fire occurring. These included testing of the fire equipment and alarm system on a regular basis. During our walk around the home, we saw that the emergency exits were well sign posted and kept clear to aid an evacuation from the building should it be required. The staff we spoke with confirmed that testing of the fire alarm had taken place to make sure it worked correctly. Lifting equipment used to assist people to move such as hoists, had been regularly serviced to make sure they were safe to use.

During our last inspections in 14 November 2015 and again in June 2016, we found that there were not always enough staff available to meet people's needs. This had resulted in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that the required improvements had been made and therefore, the provider was no longer in breach of this regulation.

There were enough staff to meet people's needs and to keep them safe. The people we spoke with told us this was the case and the visiting relatives agreed with this. One person told us, "There are usually enough staff. People (staff) are around to help me, I ring my bell. I don't have to wait long for someone to come." Another person said, "I think there are enough staff. They seem to know what they are doing when I press my

bell and they come immediately if not occupied." A relative said, "When I visit in the day there are always plenty of staff about." Another relative told us, "There are plenty of staff and they are all fantastic."

All of the staff we spoke with told us there were enough of them to keep people safe and to meet their needs. They said that this had improved since our last inspection and that they were able to spend more time with people which they felt was important. One staff member told us how previously, some people had become upset and distressed on a regular basis but that this had reduced as staff could now sit and talk with people and provide them with stimulation and comfort. Within each of the three areas of the home, we observed that staff were able to provide people with care and attention in a calm and unhurried manner. They had time to spend with people and to ensure they were safe and comfortable.

The registered manager had calculated how many staff were required to provide people with care and support. This calculation had been based on people's individual needs and was reviewed each week or more regularly if required to ensure the staffing numbers were sufficient. The registered manager told us that any unplanned absence of staff was covered either by existing staff, themselves or other senior staff. If they needed to, the registered manager was able to request staff from an agency to cover.

During our last inspection in June 2016, we found that sufficient checks had not been made on new staff before they started working with the service to ensure they were safe to work within a care environment. This had resulted in a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that the required improvements had been made and therefore, the provider was no longer in breach of this regulation.

The required checks had been completed when recruiting new staff to the home. These included checking with the Disclosure and Barring Service that the staff member was deemed safe to work with people living in the home and obtaining references about the staff member's character. These measures all reduced the risk of employing staff who were unsuitable to work within care.

Systems were in place to reduce the risk of people experiencing abuse. All of the people we spoke with told us they felt safe living in the home. The relatives we spoke with agreed with this. One person told us, "I feel safe living here, feeling safe was important to me." Another person said, "It is nice and safe here, I have no worries about that." A relative told us, "Yes I feel my [family member] is safe being here. That is the purpose of them being here." Another relative said, "I feel [family member] is safe living here, one hundred percent. If [family member] wasn't they wouldn't be here. If I had any concerns I would go to the manager."

Staff had received training in safeguarding adults. They were able to demonstrate to us that they understood what constituted abuse. They were clear on the correct reporting procedures if they suspected that any abuse had taken place. This included who to report concerns to outside of the home if this was needed. Any safeguarding concerns raised in the home had been reported to the relevant authorities by the registered manager and fully investigated by them, with action taken as appropriate. There was information displayed in the home about who staff or people could contact should they wish to raise a concern.

The staff told us that some people could become distressed which could pose a risk to themselves, the staff and others living in the home. They were clear about what actions they needed to take to calm the person and we observed this take place during the inspection. There was clear information within people's care records to guide staff on what action they could take to in these situations.

We received mixed views from people as to whether they received their medicines when they needed them. One person told us, "The staff give me my tablets and I get them on time." However, another person said it

was important for them to have one of their medicines at an earlier time in the morning as it helped them to function better. We checked this person's medicine records and saw that it had not been prescribed to be given at a specific time in the morning. We discussed this with the senior carer who said they would ensure the person received this medicine at a time of their choosing. All of the relatives said they felt their family member received their medicines correctly. One relative said, "The carers come round at the right times to give [family member] their tablets."

The staff who gave people their medicines had received training on how to do this safely and their ongoing competency to do this had been regularly checked. Most of the medicine records we looked at showed that people had received their medicines as intended by the person who had prescribed them. We found one occasion where the record indicated this had not occurred. We spoke with a senior member of staff about this who told us this error had been identified and passed to the registered manager for investigation. The registered manager confirmed this and we saw the paperwork involved. This showed that the medicine had been given but not signed for. The carer who had made this error was to receive re-training in this area.

Most medicines were kept securely for the safety of people living within the home. However, we did find one prescribed cream in a person's room that was not secure. We discussed this with the registered manager who agreed to remove the cream and remind staff to keep them securely stored.

We observed some medicines being given to people. The staff member ensured they were giving the medicines to the correct person and used good practice when giving it to someone. People were regularly asked if they wanted any pain medication for their comfort.

There was supporting information available to guide staff on how to give people their medicines safely. This included a picture of the person so staff could ensure they were giving the medicine to the correct person. Where people had medicines that were PRN (given as and when required), there was guidance to advise staff under what circumstances to give the person this medicine.

Is the service effective?

Our findings

During our last inspection in June 2016, we found that consent had not always been obtained from people in line with the relevant legislation. This had resulted in a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that the required improvements had been made and therefore, the provider was no longer in breach of this regulation.

All of the people and relatives we spoke with agreed that consent was sought by the staff before they provided any care. One person told us, "They ask my consent." A relative said, "They always ask and tell [family member] what they are going to do."

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.

All of the staff we spoke with had a good knowledge of the principles of the MCA and DoLS. They told us they had received training on the subject. They explained to us how they always offered people choice and sought people's consent before performing a task. They knew that any decisions they made on behalf of a person who could not consent to it themselves, had to be made in their best interests.

During the inspection we observed staff putting these principles into action. Staff always asked people for their consent or offered them choices. Where people could not make the decision, the staff supported them for example, by showing them a choice of main meal to help them choose the one they wanted. Where people wanted to move into another area of the home, they were assisted to do this.

Assessments of people's capacity to make specific decisions had been completed where there was doubt they could consent to it themselves. There was information in people's care records to guide staff on what they needed to do to support people to make decisions for themselves, such as what clothes to wear. If a person had a Power of Attorney (PoA) in place who could consent on the person's behalf, the provider had checked they had the relevant type of PoA. Where a decision needed to be made in the person's best interests about their care, the provider had ensured that relevant individuals had been involved in making the decision.

During our last inspection in June 2016, we found that staff had not always received enough training or

supervision to enable them to provide people with effective care. This had resulted in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that the required improvements had been made and therefore, the provider was no longer in breach of this regulation.

The people and relatives we spoke with told us they felt the staff had received sufficient training to provide them with the care they needed. One person said, "The staff seem to have been trained okay. They help me with what I need." A relative told us, "They all seem to have been trained. I have never seen any cause for concern."

All of the staff said they had received sufficient training to enable them to provide people with effective care. They told us they could receive training in different subjects if they wished to help them increase their knowledge in various areas. The core training that staff had received included but was not limited to: assisting people to move safely; dementia; infection control; food hygiene and safeguarding adults from the risk of abuse. This was completed either via e-learning or face to face by the provider's trainer. The staff told us they received regular supervision. This included formal supervision meetings and checks of their competency.

New staff had a comprehensive induction training programme that they attended. This included shadowing more experienced staff until they were confident to provide care to people independently. Records showed that during a new staff member's training period, their competency to perform their role had been regularly assessed and reviewed by a more experienced member of staff to ensure the care they provided was safe and effective.

Our observations showed that staff were well trained. When assisting people to move they used safe moving and handling techniques. The staff interacted appropriately when having conversations with people living with dementia. On occasions they used effective distraction techniques to engage people in activities when they were upset or distressed.

During the last inspection in June 2016 we found that improvements were required to make sure that people consistently received the help they needed to eat their meals. At this inspection we found the necessary improvements had been made.

All of the people we spoke with told us they received enough to eat and drink to meet their needs. However we received mixed feedback in relation to the choice of meals on offer. One person told us, "It is excellent. The choice is low though, for lunch it is either vegetarian or non-vegetarian but I have plenty." Another person said, "The food is very good, and there are always jugs of water around." A further person told us, "The food is quite alright, there is no choice though." We spoke with the registered manager about this. They told us they were aware of this issue and that they were continually reviewing the food choices on offer in conjunction with the people living in the home. The relatives we spoke with said they felt the food on offer was good. One relative said, "[Family member] loves the food. They have a soft diet and need assistance to eat although the staff encourage them to try." Another relative told us, "From what I have seen and what [family member] says it's very good. I have had the tea and it's fantastic."

We observed that there was a choice of two different meals at lunchtime and that people received the assistance they required to eat and drink. The food had been freshly prepared and had a number of vegetables available for people should they wish to choose these. Where people did not want one of the main meals or if they ate very little of their meal, they were offered an alternative dish. The tables within the main dining room had been nicely set out with serviettes and various condiments. Relatives were observed

eating with their family member as were the staff. We heard a lot of chatting and interaction between everyone during lunch which made it a good social occasion.

Drinks were freely available to people throughout the day of our inspection. Various drinks including alcoholic beverages were offered. Some people were seen enjoying a sherry before their lunch.

All of the staff we spoke with told us there were enough of them to help people to eat and drink sufficient amounts to meet their individual needs. They knew people's food and drink likes and dislikes and were knowledgeable about how to recognise if someone was not drinking enough. When this happened, they told us they took action to increase people's fluid intake.

People who were at risk of not eating or drinking enough were supported to eat and drink what they wanted and this was regularly monitored. Snacks were provided and some people had specific high calorie meals and supplements to help them put on weight. Referrals had been made to specialist healthcare professionals when needed such as a dietician or speech and language therapist. The chef told us the communication about people's individual dietary requirements was good so they could prepare the food that people needed and required. This included soft or pureed diets for people who were at risk of choking.

During the last inspection in June 2016 we found that improvements were required to the environment to ensure it was suitable for people living with dementia. At this inspection we found the necessary improvements had been made.

Contrasting colours had been used to help people orientate themselves around the home. For example, communal toilets had been painted a bright colour that differed from the doors to their rooms. Signs were in place to direct people to various communal areas. Pictures of interest and sensory items were on the walls for people to look at and touch. A secure outside space was now in place that people could use if they wished to. The staff told us that people enjoyed utilising this space, particularly in good weather. The registered manager told us they were still in the process of having the area landscaped. Plans were in place for raised beds to be put into the garden and a sensory area. A new gardening club had been established and people were being involved in helping with the design of the garden.

Other areas of the home had undergone refurbishment and decoration and this was ongoing. One area of the home had been converted into a library for people to enjoy and the main lounge had been redecorated. Further plans were in place to redecorate and refurbish other areas of the home including the setting up of a hairdressing salon that people would be able to visit to have their hair done.

All of the people we spoke with and visiting relatives told us that staff were supportive in helping people maintain their health. One person told us, "I can see the GP if need to. I have the chiropodist privately." Another person said, "All I have to do is ask to see the doctor. He comes that day or the day after. The dentist has been out to see me."

All of the staff we spoke with understood the importance of supporting people with their individual healthcare needs. Records showed that various healthcare professionals such as the GP, district nurses, speech and language therapists and occupational therapists had been utilised when needed. Appointments that people needed to attend if they had specialist conditions had been attended for example, one person had recently been seen by a specialist neurology nurse for advice and support in relation to their neurological condition. We were therefore satisfied that the staff supported people to maintain their health.

Is the service caring?

Our findings

During the last inspection in June 2016 we found that improvements were required to ensure staff consistently provided people with kind and compassionate care. At this inspection we found the necessary improvements had been made. The staff were kind, caring and compassionate and they treated people with dignity and respect.

All of the people and relatives we spoke with told us the staff were kind and caring and that they enhanced their wellbeing. One person told us, "The staff are kind and caring." Another person said, "They seem to be friendly. They are respectful. I suppose I have never really thought about it. They have a laugh." A relative told us, "The staff are so caring. They sit and talk to [family member] and hold their hands. They truthfully go out of their way to make you feel at ease." The relative went on to tell us how the staff had arranged a meal for their family member on Valentine's day which they felt had been exquisite. Another relative said, "I do think they go the extra mile. They give [family member] a cuddle if they are feeling down."

All of the staff we spoke with knew people well. They understood their personalities and how they wanted to be cared for. People's life history had been explored with them when they moved into the home. The staff told us they were aware of this and that this helped them strike up meaningful conversations with people.

During the inspection, we observed a number of good examples of staff treating people with kindness and respect. This included all staff working in the home from care to domestic staff. Each staff member we viewed took time to speak with people, interact with them and comfort them when necessary. We saw one staff member chatting with one person about songs from the past. When the person could not remember how a song went, the staff member started to sing it. The person then joined in and was smiling and happy. Two other staff quickly went to someone's side when they saw they were upset. They spoke with them quietly, offered support and comfort and held the person's hand. The staff stayed with them until their distress had passed.

The staff were polite and respectful at all times. They were mindful about people's dignity and privacy. When staff spoke with people about personal care, this was done discreetly and quietly. One staff member was seen talking to relatives about their family member's care. Again, this was done quietly to uphold the person's privacy. One staff member ensured a person's clothing was appropriately in place when they left the bathroom to preserve their dignity. When people were being assisted to move using a hoist, the staff explained to people what they were doing and made good eye contact. When the person became anxious, the staff stopped and comforted them and made sure they were happy until they moved on.

People and/or their family had been involved in making decisions about the care that was received. Before people moved into the home, they and/or their family member had been asked for their opinion on what care they needed and how they wanted it to be provided. On-going reviews of people's care needs had taken place that involved them and their family member if necessary. People told us they had choice and could make decisions about their care. One person told us, "I don't join in any of the activities but that is my choice I like to stay in my room. I read the newspaper cover to cover and I like looking out of the window. If I

want to go outside I can." Another person said, "I can make decisions. The manager asked me where I want to have my lunch. I wanted to stay in my room and that was respected."

We observed staff offering people choice throughout the inspection. This included whether people wanted to be in their own rooms or within a communal area, what food and drink they wanted to receive and whether they wanted to join in with activities. The staff we spoke with demonstrated they understood the importance of offering people choice and supporting them to make decisions for themselves.

Is the service responsive?

Our findings

During our last inspection in June 2016, we found that people were not always provided with care that was responsive to their individual needs. This had resulted in a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that the required improvements had been made and therefore, the provider was no longer in breach of this regulation.

All of the people and relatives we spoke with told us they received care that met their individual needs and preferences. They also told us they were supported to take part in activities that were of interest to them or that complemented their hobbies and interests. One person told us, "I have no issues around my care. I do most of it myself so I do it how I like it. I have a daily newspaper and I have the internet. I am involved with the activities person in trying to arrange different things for people. The staff encourage you to try things you haven't tried before." Another person said, "I enjoy reading, watching television, I like to spend my day in the lounge here and the staff will help me back to my room when I am ready. I like to go to bed at about ten o'clock." A relative told us, "The staff get [family member] ready for bed and then they stay up until they want to go to bed. [Family member] does have a choice. [Family member] goes to all the entertainment. Every day there is something going on." Another relative said, "[Family member] loves flower arranging. They went to flower arranging last week and made an arrangement. [Family member] loves the lady playing the organ and the staff encourage them to attend."

All of the staff we spoke with told us they had time to provide care to people that met their individual needs and preferences. Staff had a good understanding of what person-centred care was. Staff were able to tell us about people's individual likes and dislikes and how they wanted to receive their care. One staff member told us how one person had had a restless night and therefore, they had ensured that the staff had left them to have a lie in that morning. Another staff member said they were able to give a person a shower as often as they wanted to have one, as a result of having more staff since our last inspection.

We observed staff being responsive to people's needs and requests throughout the inspection. People's requests for assistance with personal care, or with food and drinks were quickly met. One staff member took the initiative and provided a person with a tissue so they could wipe their mouth after they had taken a drink. Another staff member provided a person with a blanket as their facial expression indicated that they were cold. One person was given a newspaper to read which they told us they enjoyed reading.

Throughout the inspection we saw that staff had time to engage people in activities or spend time talking with them. People were observed to enjoy activities such as knitting, doing jigsaws or participating in arts and crafts. The provider employed two activities co-ordinators. They told us there was a programme of activities in place and that they also spent time with people on a one to one basis if needed, particularly those who preferred to stay in their rooms. They said they were able to take people outside into the gardens to feed the birds and that a number of people enjoyed doing exercises to music. Reminiscence took place with people where they discussed items from days gone by. The activities staff told us that currently they were exploring the history of the home which was 150 years old this year. Plans were in place to talk to people about this and involve them in the up and coming celebrations. During the inspection, an external

entertainer visited and played music to people. People were observed to enjoy this with some getting up and dancing with the staff.

Interesting items were periodically placed around the home that people could touch, feel and utilise if they wished to. This provided them with stimulation. These included hats, scarves, soft animals and coats. We saw people taking interest in these items during the inspection.

People's care needs had been assessed before moving into the home. This was to ensure the staff could meet these needs. Some people's preferences had also been assessed such as what they liked to eat and drink and what they liked to do during the day. From these assessed needs, care plans had been devised to guide staff on how the person wanted to receive their care. The records we looked at had been reviewed regularly to ensure they reflected people's current needs. However, the information in people's care records in relation to their needs and preferences varied in detail. Some were very comprehensive whilst others lacked detail. We spoke with the registered manager about this. They told us they were currently reviewing people's care records to ensure they contained all of the necessary information to guide staff on the care that was needed. A senior member of staff we spoke with confirmed this and said they were currently reviewing the care records on the unit they were responsible for.

Changes in people's needs were discussed each day in handover meetings to ensure staff knew what care people required and the registered manager had a meeting once a week to discuss any concerns or issues.

During the last inspection in June 2016 we found that improvements were required to ensure that people's concerns and complaints were listened to and acted upon. At this inspection we found the necessary improvements had been made.

The people we spoke with said they did not have any complaints but that if they did, they knew how to complain. The relatives agreed with this. One person told us, "I have a letter that tells me how to complain." Another person said, "I would speak to one of the girls but I have never had anything to complain about." A relative told us, "I haven't had any complaints but I would speak to the staff or the manager."

People were encouraged to raise any complaints and concerns. A resident's forum had been set up so people could air their views about the care they received. A regular relatives meeting was also held so relatives could raise concerns. Records showed that where concerns had been raised, that action had been taken.

The registered manager had investigated and replied to any formal complaints that had been made. These had been analysed regularly to see if any learning could be applied. However, as few complaints had been received, no themes in complaints had been identified.

Is the service well-led?

Our findings

During our last inspections in November 2015 and June 2016, we found that the provider did not have effective systems in place to assess and monitor the quality of service that was being provided. This had resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and we issued the provider with a warning notice telling them they had to improve in this area. We followed this warning notice up in November 2016 and found that the necessary improvements had been made. We had therefore judged the provider was no longer in breach of that regulation. At this inspection we found that these improvements had been maintained.

A new manager registered with us in November 2016. They and the provider had reviewed their quality monitoring systems and implemented new processes and procedures. The registered manager regularly assessed and monitored the quality of care people received and that the home was safe for them to live in. This monitoring took the form of audits and requesting feedback from people and relatives about the care provided. Audits had regularly taken place in respect of medicines management, the environment, the kitchen, staffing levels, infection control and the accuracy of people's care records. Audits to ensure that people who had lost weight or were of a low weight were receiving the appropriate care had also taken place. The provider also performed regular audits to ensure the quality of care provided was good and gave the registered manager regular support.

Feedback from people and their relatives about the care being provided had been regularly sought. This was in the form of formal questionnaires or meetings where people and relatives had been involved in raising suggestions about improving the quality of care received. We saw that suggested improvements from people had been made. For example, people had advised that they wanted more choice of meals at breakfast including a cooked breakfast. This was now being provided to people and the weekly menus had been reviewed in relation to people's feedback.

The registered manager regularly analysed accidents and incidents and actions had been taken to reduce the risk of the incident or accident happening again. For example, we saw that one person had been referred to a specialist falls team for advice following a number of falls they had experienced.

All of the people and relatives we spoke with were happy with the level of care being provided. They all felt the registered manager and senior staff led the home well. One person told us, "I am happy with all the facilities that the home provides. The communication is very good between staff, residents and management. I would certainly recommend the home. I see the manager daily. I think the home is run well." Another person said, "I am quite happy. I would recommend this place." A relative told us, "I am happy with [family member] being here and they are happy which is the main thing. I would recommend it. I think it is very well managed." Another relative said, "It is a hundred per cent well led and a hundred per cent I would recommend it."

The staff had received a number of compliments from relatives about the care provided. Comments such as 'loving care received' and 'I could not have made a better choice' had been made. Two healthcare

professionals had also recently taken the time to write a letter to the registered manager about the staff. In the letters they had praised the staff for their helpful and professional attitudes.

The management team had an open door policy. All of the staff we spoke with were happy working within the home. They said they all worked well as a team to provide people with care and support. All of the staff said they received good leadership and direction and that they could raise any concerns without hesitation. They added that this had improved considerably since our inspection in June 2016. During the inspection visit, we regularly saw the registered manager within the home, talking to staff, the people living there and their visitors. They also provided staff with clear guidance and leadership. It was clear that a culture of treating people with respect and as individuals had been instilled within the staff and this was reflected in the care provided to people.

Links with the local community had been established for the benefit of people living in the home and the registered manager was keen to improve this area. Plans were in place for a local search and rescue charity to attend the home in the summer when a dog show was being held. The staff and people within the home were involved in raising funds for this local charity. The registered manager had made links with organisations that provided volunteers to local care homes. This was in the early stages of negotiation but the registered manager was hopeful that these volunteers would soon be in a position to support people living in the home with their hobbies and interests. Links with the local toddler group were being researched to see if they could visit people within the home to enhance their wellbeing.