Mrs H Burnett-Price

West Farm House

Inspection report

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Date of inspection visit:
22 February 2017
03 March 2017

Date of publication:
08 May 2017

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this comprehensive inspection over two days, on 22 February and 3 March 2017. The first day of the inspection was unannounced. Following an inspection in June 2016 the service was placed in special measures. This inspection was conducted to ensure improvements had been sustained and action had been taken regarding the requirement notices that were issued following the inspections in June and November 2016. In addition, the overall rating for the service was reviewed.

West Farm House is registered to provide accommodation and personal care for up to 10 people. During the inspection, there were six people living at the home.

A registered manager was not required due to the registration of the service. 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 provider was responsible for the day to day management of the home. They were not available during the inspection due to being on holiday although we spoke to them on the telephone, on their return.

At this inspection, the improvements previously identified in November 2016 had been sustained. However, there remained some shortfalls regarding staff recruitment. Other areas such as care planning and quality auditing had received focused attention but were being further developed. Both systems required time in order for all developments to be properly embedded. There was a commitment to improve the service. People's safety had been enhanced through developments to the environment. The laundry room had been fully refurbished, which enabled an effective space, which could be cleaned easily.

People were happy with their care and were encouraged to follow their own interests and preferred routines. There was emphasis on the environment being homely with a relaxed atmosphere. People enjoyed regular visitors and going out with them. Opportunities for additional social activity were being considered, with a newly introduced exercise group, appearing popular.

There were many positive interactions between people and staff. Staff were responsive to people's needs and relaxed conversations were a regular occurrence. Staff knew people well and consistency of care was assured due to a relatively small staff group. The deployment of waking night staff was continuing to work well and there were sufficient staff available to support people, at all times.

Improvements had been made to the management of people's medicines. This minimised the risk of error and increased safety. People received good support from various healthcare professionals, to remain healthy. People told us they felt safe at the home and had not seen any practice which concerned them. Staff were aware of their responsibilities to report any suspicion or allegation of abuse or poor practice.

People had no hesitation in talking to staff or the provider if they were not happy with any aspect of the

service. They were confident any issue would be quickly and satisfactorily resolved. People were able to post any complaints into a newly introduced box in the hallway, if they wanted to.

Meal provision was based on people's preferences. People told us they were happy with the food provided and had regular drinks of their choice. The menus were varied and based on fresh produce. If people did not like the main meal, alternatives were offered. Lunch was seen as a social occasion, where people enjoyed conservation with others.

Staff were confident when talking about promoting people's rights to privacy and dignity. Staff were well supported and worked well as a team. Additional focus had been given to staff training. All staff had completed or were in the process of completing the Care Certificate This was a recognised format, generally aimed at staff, when commencing their employment within a care setting.

The provider continued to be heavily involved in the day to day management of the home. Due to the overall improvements which had been made, the service has been removed from special measures.

We have made a recommendation about safe recruitment practice.

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 always safe.

Documentation did not demonstrate a robust recruitment procedure.

Improvements had been made to the environment, which enhanced people's safety. However, documentation did not always show potential risks had been identified and addressed.

Staffing levels had improved and there were sufficient numbers of staff available to meet people's needs.

People's medicines were safely managed.

Is the service effective?

Requires Improvement

The service was not always effective.

People were encouraged to make decisions although the principles of the Mental Capacity Act 2005 were at times compromised.

Staff felt valued and well supported. Additional focus had been given to staff training.

People enjoyed a variety of food based on their personal preferences.

People received good support from local health care professionals in order to stay well.

Is the service caring?

Good

The service was caring.

People spoke positively about the care they received and were complimentary about the staff.

People were encouraged to follow their preferred routines and their rights to privacy and dignity were maintained.

There was a homely feel and people were encouraged to remain as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements had been made to the planning of people's care. Further work was planned to ensure all documentation was fully reflective of people's needs.

Staff knew people well and were responsive to their needs. Any requests were undertaken in an efficient and attentive manner.

People and their relatives knew how to make a complaint and were confident any issue would be dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Shortfalls identified at previous inspections had or were in the process of being addressed.

There was a commitment to further improve the service but time was needed to embed all changes.

Quality assurance systems had been developed and audits were in the process of being undertaken.

West Farm House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 22 February and 3 March 2017. The inspection was undertaken by one inspector. In order to gain people's experiences of the service, we spoke with three people, one relative and three staff. We spoke with the provider on the telephone after the inspection. We looked at people's paper records and documentation in relation to the management of the home. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

Requires Improvement

Is the service safe?

Our findings

At the comprehensive inspection in June 2016, we identified potential risks to people's safety had not been properly identified and addressed. We issued a warning notice to ensure the provider made improvements. At the inspection in November 2016, we identified improvements had been made to the safety of the environment. Covers had been fitted to radiators to minimise the risk of people burning themselves against the hot surfaces. Pipes, which were hot to touch, had been covered and thermostatic controls had been fitted to all hand wash basins. This minimised the risk of excessively high or unpredictable water temperatures.

At this inspection, improvements to the safety of the environment had been sustained. Substances hazardous to health were securely stored and work had been undertaken to improve fire safety. This included regular testing of the fire alarm systems, as well as fire safety training for staff. External contractors had serviced the fire alarm systems on a three monthly basis, but monthly and six monthly checks of the emergency lighting by the provider, had not been undertaken. Fire drills had taken place although the names of the participants were not documented. This did not enable the provider to clearly see, if there had been staff who had not participated within the drills. A tour of the accommodation noted the environment was in a good state of repair, with no trip or fire hazards identified.

Whilst some risks to people's safety had been assessed, others had not received sufficient focus. For example, documented assessments regarding people's risk of pressure ulceration or malnutrition had not been fully completed. A member of staff told us a format for these assessments had been sought and were in the process of being completed. They said it had been identified these risks were currently low, as people ate well and regularly moved around. The member of staff confirmed measures were in place to minimise the risk of pressure ulceration. They said people had been prescribed topical creams and they regularly checked people's skin.

There was a report, within one person's records, which detailed recommended foods, the person should avoid or modify, to minimise the risk of them choking. The information had not been transferred to the person's care plan and an assessment regarding their risk of choking had not been completed. Within daily records, it was identified on one occasion the person had left the dining room coughing. The potential link between this and the food they had been eating had not been made. Staff were aware of the person's risk of choking and described an intervention which had been suggested by the GP. This was documented in the person's care plan. Records showed another person was at low risk of falling. However, previous accidents of the person falling down the stairs before they moved into the home had not been taken into account within the assessment.

People told us they felt safe within the home. They said they were treated well by staff and had never seen any practice which concerned them. A relative confirmed they had no concerns about their family member's safety. They told us "I know they look after her well and will call me if they are concerned about anything. It's a great weight off my mind that she's here. I've got no worries at all". Staff told us they would inform the provider if they were concerned about a person's safety. One member of staff told us in the provider's

absence, they would discuss any incident or potential abuse with the local safeguarding team. Another member of staff told us they were "very hot" on safeguarding due to the high profile this had been given, in their previous work roles.

At the comprehensive inspection in June 2016, we identified the provider was not following safe recruitment practices. We issued a requirement notice to ensure the provider made improvements.

At this inspection, some improvements had been made but a fully robust system for recruiting staff was not evidenced. One application form was not fully completed and only contained details of the applicant's personal information, their education and one previous employment role. The gaps in their employment history had not been expanded on. The parts of the form about related skills and whether they had any criminal convictions had not been filled in. The application form was not signed or dated and did not give details of people who could give an account of the applicant's work performance or character. Later in the file, there was a list of names and addresses. It was not clear what these related to. One of the references was dated 16 October 2015 and addressed to "who it may concern". This did not demonstrate the provider had requested this information as part of the recruitment process. Another application form was fully completed but the interview checklist showed limited detail. The space to explain why the applicant was offered the position had not been filled in. Both applications contained a health screening questionnaire but the documents were not relevant to the positions, the applicants had applied for. The provider told us any gaps in the application forms had been discussed with the applicants. They told us any new member of staff was usually known to the home, through living in the village. Alternatively, they were known to existing members of staff and were recommended by them. The provider told us this meant less information was gained during the recruitment process, as it was already known.

We recommend that the service consider current guidance on safe recruitment practices and take action to update their practice accordingly.

At the comprehensive inspection in June 2016, we identified people were not protected from harm and their night time care needs were not being met effectively. This was because waking night staff were not deployed. We issued a warning notice to ensure the provider made improvements. At the inspection in November 2016, we identified the provider had introduced waking night staff to ensure people were appropriately supported with their night time care needs.

At this inspection, people and staff told us the provision of waking night staff continued to work well. One person told us staff assisted them during the night if needed. They said "it's been a great help. It's made such a difference. Even if you don't need them, you know they are there". Another person told us "you never know what might happen so it's nice to know someone is there to call on, if needed". A member of staff told us they were pleased the waking night staff arrangements had continued, despite there only being six people living at the home. They said they recognised this was costly for the provider but believed there were definite benefits to people's care. Another member of staff agreed and said "even if people don't have any particular care needs at night, they like the reassurance that someone is around. It's also nice that they can have a chat, a drink or something to eat, if they can't sleep".

People, a relative and staff told us there were sufficient staff on duty at all times. One person told us "there is always someone nearby. You can just call out if you need anything. They'll hear you". Another person told us "oh yes, there's plenty of staff. They have time to talk to you as well, which is lovely". A relative told us "I usually see the same staff when I visit. You get to know them well. There's always someone around. You don't have to go looking for them. I would say there are definitely enough staff here".

Records showed staffing levels were maintained at two members of staff on duty during the day. There was an additional member of staff who worked in the kitchen from 8am to 2pm. Staff told us they covered for each other at times of staff sickness or holidays and would come in early or stay later, to help out where needed. They said agency staff were not used, as they liked to ensure people had consistency and were supported by staff who knew them well. One member of staff told us the provider was looking to recruit staff who would work on an "as required" basis. They said this was intended to minimise the pressure on the staff team. The staffing roster showed all shifts had been allocated appropriately and there were no gaps, which required covering.

At the comprehensive inspection in June 2016, we identified people's medicines were not being safely managed. We issued a warning notice to ensure the provider made improvements. At the inspection in November 2016, we identified improvements had been made to this area. The medicines were more orderly stored and printed medicine administration records had been gained from the surgery. These had been appropriately signed to show people had been given their medicines as prescribed.

At this inspection, improvements to the safety of people's medicines had been sustained. However, whilst the office was generally locked, some boxes of medicines were stored unsecured on a shelf. A member of staff immediately addressed this when it was brought to their attention. They said large boxes of medicines had been supplied by the pharmacist, which caused a problem with sufficient storage. All other medicines were stored securely. Printed medicine administration records had been requested from the surgery to minimise the risks associated with handwritten medicine instructions. Staff had signed the records appropriately to show they had given people their medicines as prescribed. Information showed how people liked to take their medicines. This included "staff to hand me my medicines. Make sure I don't take aspirin based medicines. Staff to tell me what I am taking". A format had been developed to formalise the process of returning medicines to the pharmacy, if no longer required. Audits of people's medicines were now taking place. One audit had identified the need for staff to date a topical cream when opened. This ensured expiry dates did not elapse making the creams ineffective or unsafe to use. Staff had undertaken this and had also dated other items with a short shelf life such as eye drops.

Requires Improvement

Is the service effective?

Our findings

People told us they were encouraged to make their own decisions. This included what time they got up and went to bed, whether they had a bath or a shower and how they spent their day. People had been asked about their wishes regarding resuscitation and whether they wanted to be cared for in hospital or at the home, at end of their life. People told us staff always consulted with them and gained their consent before any task was completed. Staff told us one person's capacity had been assessed in relation to them using a sensor mat. A sensor mat is connected to the call bell system and alerts staff when stepped on. Staff told us the person was deemed to have capacity and agreed to use the mat, to enhance their safety. Records showed people had made choices about their daily routines. This included one record which stated "had breakfast and went back to bed for a while".

Staff told us people had capacity and were freely able to express their views and make decisions about their care and welfare. They said if any concerns about people's capacity were noted, they would discuss these with the provider and further advice would be sought. Staff told us they had received training regarding the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Whilst it had not been deemed necessary to make decisions on people's behalf using the MCA, some information within people's records, did not promote such principles. For example, one record stated the person's relative must be "reminded that he has a duty of care and he has responsibility to ensure that X does not get over tired and does not drink too much in the pub". The instruction did not show the person's capacity to make their own decisions about this or if the relative had the legal authority, to make such decisions, on behalf of their family member. Another record showed a person was overweight and the instruction for staff was to "watch food intake". The information did not detail whose decision this was or whether the person had capacity to make the decision themselves. A member of staff told us the provider was in the process of talking to relatives to see if any of them had the legal authority to make decisions on people's behalf.

People told us staff were competent in their role. One person told us "they're very knowledgeable and skilled in what they do". Another person told us "I have never had any need to question their competence. They help me with whatever I need. I never need to tell them what to do. I think they are all very good". A relative gave us similar views about the staff. They told us "the staff are knowledgeable but they also have life experience, which is really helpful in this sort of work. They are all very efficient".

Staff told us focus had been given to their learning and development. They said an external trainer had attended the home and delivered training to the whole staff team. One member of staff told us "it's been

really good, as we've had the same trainer so we've got to know each other. It's been face to face so we've been able to ask questions and relate it to the home and the people that live here". Another member of staff told us "recent training has been fantastic. It's been really useful and has made me think about things". Records showed recent training topics had included first aid, moving people safely and the management of challenging behaviour. One member of staff told us the moving people safely training, had involved practicing various techniques and the use of equipment. Another member of staff told us training in nutrition and end of life care, had been scheduled. Staff told us each member of the staff team were currently working through the Care Certificate. This is a recognised training programme, usually aimed at new staff. One member of staff told us this training had been useful as a refresher. Another member of staff told us their supervisor would not "sign off" a module of the Care Certificate, as they had missed one question. They said they discussed this area and once completed, their competency was agreed. They told us "they're very thorough and make sure you understand everything".

Staff told us the team got on well and were supportive of each other. They said there was good communication and they arranged what tasks needed to be done, between themselves. One member of staff told us "if X was helping someone to have a bath, I would start the cleaning. We work it out so it all gets done". Staff told us they received formal meetings with the provider to discuss their role but due to the small size of the home, much of their support was undertaken informally, on a day to day basis. Staff told us they were kept up to date with what they needed to know. They said they frequently discussed people's needs and any changes, which arose. Records showed staff had received an appraisal, where they discussed their work and future aspirations with the provider.

One member of staff told us their induction, to enable them to become familiar with the home, was "very helpful and thorough". They said they discussed certain topics with the provider, undertook formal training sessions and shadowed more experienced members of staff. The member of staff told us they completed three of each type of shift before working unsupervised. They said this was invaluable in getting to know people at different times of the day. The member of staff told us they were fully supported during this process and staff were "fantastic, really helpful". They said they could freely ask questions and were told about information such as good hand washing, the use of protective clothing and always ensuring people's rights to privacy, dignity and respect.

People told us there was always plenty of food and drink. They said they liked the meals provided. One person told us "what I like about the food here, is that there's plenty of variety. Unlike some places, you can't tell the day of the week from what's for lunch. It's all very different". Another person told us "they do a good job with the meals. The food's always well-cooked and presented nicely. They know what you like and will offer alternatives". Staff confirmed this. One member of staff told us "in the morning after breakfast, we always tell people what's on the menu for lunch. If someone doesn't like it or fancies something else, that's fine, we'll do what they want". This took place during the inspection. Staff told us people were able to have a cooked breakfast if they wanted one. People had mid-morning snacks and afternoon tea with homemade cake. Supper included a hot snack, sandwiches or cheese and biscuits. One record showed a person regularly had "hot chocolate and nibbles" when watching television. People had a jug of juice or water within easy reach. Regular hot drinks were served and people could ask for additional drinks, when they wanted them.

On the first day of the inspection, lunch was chicken in white wine sauce, broad beans, cabbage, carrots and potatoes with onions. Staff served people at the table, according to personal preferences. The meals looked colourful, well cooked and appetising. People were asked if they wanted condiments or if they needed any assistance. There were pleasantries such as "enjoy your meal ladies" and staff the retrieved from the room, to enable people to eat with privacy. People spoke between themselves, which enabled a social occasion

rather than solely eating. Staff monitored discreetly and returned to offer more food or assistance. Once finished, plates were cleared and people were offered a dessert of bread and butter pudding with custard or cream. People had a choice of a cold drink with their meal and had tea or coffee after.

Staff told us the food provided was varied and of a good standard. They said people were asked for ideas for the menus based on personal preferences. One member of staff told us steak with a peppercorn sauce was suggested although was not entirely successful due to the texture of the meat. They said food such as salmon and trout appeared to be more popular. The member of staff told us creativity was encouraged when cooking meals so the food did not become monotonous. This included more unusual vegetables such as butternut squash. They said very recently, the home had been given some gooseberries from a visitor. These were made into a fruit pie and the juices were used to create a sauce to accompany the meat, within a main course. The member of staff told us alcohol was often used in the cooking of meals. They said the dessert of bread and butter pudding, had been soaked in sherry before cooking.

People told us they were able to access a range of services to maintain good health. One person told us they had recently had day surgery at a local hospital. They told us staff were supporting them with their aftercare well. Another person told us "if I need anything related to my health, I only need to say and they will organise it for me". A relative told us staff were "very good" at recognising any form of ill health. They told us "they take advice and get it sorted. I've got no worries in that respect and they keep my informed and in the picture. They've been very good with X's following up intervention". Staff told us the home received excellent support from the local surgeries, the GPs and district nurses. They said the district nurses were currently visiting a person who had sustained a skin tear after over stretching when watering the plants in the garden room.

Good

Is the service caring?

Our findings

At the comprehensive inspection in June 2016, we identified people's dignity was not always promoted. This was because people's continence needs were not being met at night. We issued a requirement notice to ensure the provider made improvements.

At this inspection, this shortfall had been addressed and resolved. The deployment of waking night staff meant people now received support with their continence when needed. This promoted people's dignity but also enhanced their care and overall wellbeing.

People told us they liked the staff. They said they were "caring", "marvellous", "patient" and "helpful". One person said "they chat away to you and put you at ease. Nothing's too much trouble". Another person said "I get on with the staff really well. They're very relaxed and they have time for you. We talk about all sorts and they always ask how I am". One person told us they had a 'special' birthday coming up. They said staff were doing a buffet for a large number of their family so they could "get together and celebrate". The person was very appreciative of this and said it meant a lot to them. A member of staff told us there were plans for the family to use the dining room for their celebrations, after people had finished their lunch. They said "people would get together in their own home so there's no reason why they shouldn't do it here. It'll be nice". A relative was equally positive about the staff. They told us staff seemed to genuinely care about their family member. They said" it's like when we come back from being out, they always greet us and ask X if they've had a nice time. They take the trouble to be interested". The relative told us their family member could at times be forgetful but staff managed this well. They said staff would repeat things as many times as was needed, without any sign of frustration.

Staff were positive when talking about their role and said they enjoyed their work. One member of staff told us it was a privilege to work with people and learn about their history and experiences. They said "I like the fact we're totally here for people and what they want". The member of staff told us they always visited people at the start of their shift. They felt this was important so people were aware of who was around and could ask for help, at any time. Another member of staff told us they liked the small size of the home and how this enabled a very relaxed and family type environment. They said staff were able to get to know people well and provide what they wanted. One member of staff told us people were able to help maintain the garden if they wanted to or undertake tasks such as making their bed or washing up. They said they tried to encourage people to maintain their independence and do what they were able to do, for themselves. The member of staff told us they would ask the person if they needed any assistance with the tasks they found more difficult.

Staff responded to people in a friendly and respectful manner. There were many informal conversations which included topics such as the time of the year, local areas and family connections. There was discussion and laughter about one staff member's dislike of spiders. The relaxed nature of the conversations showed positive relationships between people and staff had been established. One member of staff confirmed this. They told us "we're like a big family. The other day, I overheard one of the people wishing another a happy birthday. I thought that was really nice, as they seem to care about each other". The member of staff told us

they were in the process of talking to people about memorable dates in their lives. They said this would enable staff to give people support to send birthday or anniversary cards, if they needed help to do so. Within people's care plans, there were accounts of people's history and what was important to them. This included information such as, one person who made their own wedding dress.

Staff were confident when talking to us about how they promoted people's rights to privacy and dignity. They said it was routine practice to knock on people's doors before entering and ensuring curtains were drawn before providing any personal care. One member of staff told us they always ensured people were covered and kept warm after having a bath or a shower. They said they tried to be efficient in helping the person to get dry, without rushing them. The promotion of people's privacy and dignity was detailed within care documentation. For example, in one record it was stated in the event of an incoming telephone call, "bring it to my room and close the door so I can take it in private".

One member of staff told us they had learnt a lot since working at the home and were now more careful about the terminology they used. They said "I've learnt it's not that I've 'given' a person a bath. I've 'assisted' them to have a bath. It makes a difference". They told us staff were always discreet when entering a person's room in a morning. They said "we always knock very quietly and peep inside so we don't wake the person, if they're still asleep. If they are, we don't disturb them but return later. We will then help someone else or get on with the cleaning tasks". Another member of staff told us promoting dignity involved enabling people to make decisions. They gave an example of one person not liking desserts, with a preference for fruit. They said "I still always ask what they would like and don't just presume. They may change their mind. How would I know if I didn't ask? During the inspection, one relative told staff they would be giving their family member some bad news. Staff showed concern and gave the relative reassurance. They told the relative they would "keep an extra eye" on their family member and would inform them, if they became upset and needed their support.

Requires Improvement

Is the service responsive?

Our findings

At the comprehensive inspection in June 2016, we identified people's changing needs were not adequately identified and addressed. We issued a warning notice to ensure the provider made improvements. At the inspection in November 2016, we identified improvements had been made to the planning and delivery of people's care. This particularly applied to the management of people's skin, their risk of pressure ulceration and the overall development of care documentation.

At this inspection, people's care plans had continued to be developed. Staff had handwritten details, as they had found out more information about people or as their needs had changed. This included one person who now required the use of a wheelchair from their bedroom to the dining room, due to deterioration in their mobility. A member of staff told us all hand written information, would be formally printed within the care plan, when it was next reviewed. A graph which visually showed changes to a person's weight had recently been introduced.

Some of the information within people's care plans was detailed and person centred. This included the dial of the shower being at a particular temperature for one person and their preference of using a particular mug for their coffee. Information showed another person liked to dry their hair in the sunshine, if it was warm enough. It was important for one person to have their glasses cleaned and have their television remote close by. There were details about people's allergies and their health conditions. Other areas however, were less detailed. For example, one record stated the person liked to get up and have a wash or a shower. The information did not provide any detail such as what assistance was needed or the timescales involved. Another care plan stated doing things the person did not want to do, made them feel annoyed and useless. There was no reference to explaining or giving examples, to inform staff what was meant by this. There was information about people's preferences and things they liked although some aspects lacked clarity. This included "likes vegetables" and "likes reading".

There was limited information about people's preferences regarding their care, towards the end of their life. One record stated the person would like to be "pain free, treated with respect and dignity, not to be left alone and go to hospital if not really required to do so". Another record stated "I would like to be cared for with dignity and respect". The information was generic and what most people would expect at the end of their life rather than being person centred. Other information which lacked a person centred approach included "staff to put me into bed" and "X will have her shower on Monday, Wednesday and Friday". Other information was subjective and not written in a way that promoted people's dignity. This included "X sometimes pretends to be unsteady to gain attention" and "has been in a lovely mood this morning".

Information within care plans did not always detail the support people needed. Within one record, the healing of a wound was stated as a desired outcome. The information did not clarify details of the wound or how it was to be managed. Another record showed a person had a "friction mark" but there was no description of the wound or what measures were in place to minimise further occurrences. One record showed the person had sustained very gradual weight loss. Their care plan instructed staff to encourage the person to eat but did not explain the best ways to do this. Another record under the heading mobility stated

"staff to help me if I have a wobble, which I do but take medication for". It was not clear how staff were to assist the person. Staff told us the development of people's care plans was continuing. They said the format and content were being discussed with the representative from the local authority. Amendments were then being made and information was being added to, following discussions with people and their relatives.

Staff were responsive to people needs and there was an attention to detail. One person asked if the staff member could help them with their scarf. The member of staff said "of course, which one would you like? The thin one or the velvety one?" The person chose which one they wanted and the staff member assisted. They manoeuvred the scarf so the "sparkly bits" were showing and asked the person if they were happy with this. They then complimented the person about how nice they looked.

Whilst being served at lunchtime, another person told staff they only liked the lighter coloured leaves of the cabbage. The member of staff tried to accommodate the person's preferences and apologised when one darker piece was placed on their plate. Staff asked one person if they were happy for them to clean their room. The person agreed but said they would like to use the bathroom before they started. The member of staff responded by saying "of course, that's fine. That's a good idea". They assisted the person into their wheelchair, giving reassurance throughout the manoeuvre. They encouraged the person to take their time and asked what they wanted to do after. The person was not sure to which the staff member replied, "I tell you what, let's not worry about that now. Let's see what time it is when we've finished here and then make a plan". The person agreed and told the staff member "that's a good idea". After assisting the person to the bathroom, they said "I'll leave you for a minute and will be back". When they returned, they told the person they were just outside and to shout when they were ready. They said "your chariot is waiting madam" and the person laughed. The staff member later assisted the person to the dining room for lunch. They used a wheelchair and informed the person about any bumps, caused by changes in floor coverings. The member of staff encouraged the person to keep their arms in whilst going through doorways and asked them if they were "alright and comfortable".

A member of staff told us the fire alarms were always tested on a particular day, after people had finished their lunch but were still seated at the table. This was to ensure people were prepared for the sounding of the alarms and were not restricted by the fire doors closing. One person appeared unsure of what they were doing or where they should be. A member of staff gave reassurance and was attentive in their manner. They offered a range of alternatives and gave the person time to decide what they wanted to do. Another person needed reassurance when manoeuvring from their armchair. Staff did this attentively and took the environment into consideration to ensure safety. They asked the person "is that enough room for you to turn around or shall I move that for you?"

People told us they were happy with the care they received. One person told us "I don't want for anything. I can sit here and they would bring me anything I wanted, if I let them". Another person said "I am very happy here. It's my home and it's like a family. I can do what I like, when I want. They're all very helpful". A relative was equally positive about the home. They told us "I couldn't ask for anything more. I feel very blessed that we have found this place. It's so homely and like a family, a proper family home. The staff are friendly and attentive and go out of their way to do what they can for people, not just my [family member] everyone. They go with what she wants. I've got no worries at all". They said they were impressed with the way staff worked with people to achieve a task. They gave an example of their family member declining a shower and said "if she doesn't want it, it doesn't matter. They'll ask again or try to support her in a different way. Nothing's a problem".

People told us they were able to follow their preferred activities during the day. One person told us they had a daily newspaper delivered and they liked to do the crossword albeit unsuccessfully. They said staff often

helped them with the answers and they then watched television until lunchtime. The person told us staff always made sure the television was at the proper angle, so they could see it without glare from the window. Another person told us they liked to sit on their bed in the sunshine, listening to the radio. They said they were looking forward to the better weather so they could sit outside, in the garden. The person told us some people liked to walk to the local shop, which was within close proximity to the home.

A member of staff told us consideration was being given to the opportunities available to people regarding social activities. However, they said interest from people was not forthcoming. The member of staff told us people liked to spend their time quietly in their room, either reading or listening to music or with each in the garden room. They said people also enjoyed receiving visitors and going out with their relatives. The member of staff told us a recently introduced exercise group was proving positive and one person had joined a local cinema group. Other ideas such as joining the local Women's Institute had been unsuccessful.

During the inspection, one member of staff spent time with a person, completing a crossword. They had enlarged the format to enable the person to see it more easily. They said this person had enjoyed making pom-poms with them, which were then going to be donated to a local animal charity. The member of staff told us they had lots of ideas to enhance activity, whilst promoting independence and using skills people had. This included the possibility of repotting the house plants within the home and developing container gardening.

At the inspection in June 2016, it was identified the complaints procedure stated anyone wishing to make a complaint, should do so by documenting it in the "complaints book". This was readily available to people and visitors in the entrance hall but confidentiality was not assured. At this inspection, staff told us a box had been placed next to the complaints book, to enable people to post any complaints they had. This was opened during the inspection and found to be empty. Staff told us any areas of concern people had, were addressed quickly on an informal basis. People confirmed this and said they would have no hesitation in talking to the provider or staff, if they were unhappy about any aspect of the service. They were confident any issue would be resolved quickly and efficiently. A relative agreed with this. They told us "I'd just mention it to whoever was around at the time. They're all very approachable and it wouldn't be an issue. It would just get sorted. I know it would".

Requires Improvement

Is the service well-led?

Our findings

At the comprehensive inspection in June 2016, we identified auditing systems were not effective in identifying and addressing shortfalls in the service. In addition, management systems were not always effectively undertaken. We issued a warning notice to ensure the provider made improvements. At the inspection in November 2016, we identified improvements had been made to relation to monitoring the quality of the service but further focus was required.

At this inspection, a member of staff told us progress was still being made in relation to the monitoring of the service. They said a representative from a local authority had given the provider a range of auditing formats. These were in the process of being adapted so they fully reflected the home and its operation. The member of staff said the representative had completed an infection control audit with the provider. This had enabled the provider to be directed to the areas they needed to consider, when assessing the home. The member of staff told us those auditing formats, which had been amended, were now being completed. Records confirmed this and showed areas such as the environment and medicine management had been assessed.

A member of staff told us new cleaning schedules had been developed, as a result of the audits. These encouraged staff to look up above eye level, to make sure items such as wall mounted pictures were adequately cleaned. They said staff had also been reminded to give attention to more intricate areas. This included the groves and different edges, within radiator covers. All toilet brushes and bath mats had been replaced and work had been completed to finish the laundry room. The area had been fully refurbished and was now a brick structure with an added window. The flooring and walls had been tiled and a hand wash basin installed. The room was light, tidy and easy to keep clean. Staff told us the work had significantly improved the room. They said the space made it easier to work in and made cleaning a lot easier.

As part of the on-going development of the home, a vacant bedroom and en-suite facility had been redecorated. There were plans to make the shower more readily accessible to people. One bathroom was rarely used, as it did not contain equipment to enable people to use the bath safely. A member of staff told us consideration was being given to transferring the room into a wet room. They said this would enhance safety and also give people a greater choice of which facility they used. Staff told us they always checked the temperature of the water before assisting a person to have a bath. This ensured people were not scalded by excessively high water temperatures. Staff had documented this information accordingly. They said whilst all hand wash basins had been fitted with temperature regulators, they continued to test the temperature of the water. This was in case the devices had failed in some way. Records showed this was done on a monthly basis, However, records showed the date in which the water had been checked rather than the specific date. Some temperatures showed low readings such as 20°celcius. Records did not show what action had been taken to address this. Staff told us a new form had been completed which they had to sign after supporting a person with a bath. This reminded staff after cleaning the bathroom, to remove all toiletries so all such substances, were only used by the person they belonged to.

Staff told us the local authority's Environmental Health Department had recently undertaken an inspection

of the kitchen and its catering arrangements. As a result of the inspection, the highest rating available of five stars was awarded. Records showed no requirements or recommendations were made.

Staff told us they felt the additional monitoring of the service had improved practice and minimised the risk of things being missed. They said the home was now more organised and any shortfalls were being properly addressed. Staff told us the additional structure had been positive but had not impacted on the relaxed nature of the home. This was considered an integral part of the home's ethos. Staff told us a family like environment where people could be comfortable, follow their own interests and "feel at home" were important aspects of provision.

People and a relative told us the home's ethos was clearly applied in practice. One person told us "it's always very tranquil here. Very peaceful and yes, we can do what we want, within reason I suppose. We need to take into account the others that are living here". Another person said "it's like home but with more help. I'm very grateful I'm here". A relative told us "what I liked about it when I came here first, is that it's like a real home and isn't institutionalised. It's very homely and personal. When we've been out, I always say to X, we've going back home now and she says "that's good". I'm sure the small size of the home and staffing levels have helped her settle".

People told us they were happy with the management of the home. One person told us "X [the provider] adopts a low profile but has a strong presence. She's the boss". Another person said "unless X [the provider] is on holiday, she's always busying herself around. She makes sure she allocates someone else to be in charge, when she's on holiday. It's X [staff member] at the moment. X [the provider] regularly comes to have a chat with me, to see that I'm alright and often cooks lunch". A relative told us they regularly saw the provider, when they visited. They said the provider was "approachable, obliging and always had time to discuss any issues". The relative told us the provider had always encouraged them to raise any concerns or make suggestions to improve the service. They said raising their views was done on an informal basis rather than more formally during meetings or completing surveys. Records showed people's views were requested on a six monthly basis but very little feedback had been given. Staff confirmed the provider continued to have a "very hands on approach", undertook shifts and knew people well.

Staff told us the provider had worked hard to address each area, which had been identified as requiring attention at previous inspections. They said there was a commitment from the provider to "get it right" and to ensure people received a good service. One member of staff told us there were vacancies within the home but the provider was very selective, when accepting any new admissions. They said due to the constraints of the building, its size and ethos, any new people would need to be relatively independent and have minimal to moderate care needs. The member of staff told us consideration was always given to other people and the impact a new admission would have on them. The provider confirmed this but said they would "continue to care for people as their needs increased, up to and including end of life".