Reason Care Limited

The Troc Care Home

Inspection report

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Date of inspection visit:
30 August 2018

Date of publication:
04 October 2018

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

We inspected The Troc on the 30 August 2018, the visit was unannounced. The Troc is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Troc Home is registered for 32 people in one adapted building. On the day of our inspection, 23 people were living at the service.

There was a registered manager in post who was available throughout the inspection. 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.

People at the service were protected from the risk of abuse as the staff were aware of their responsibilities in relation to keeping people safe. There were established procedures and protocols in place to guide staff should they suspect abuse, and the registered manager dealt with any safeguarding incidences thoroughly. The registered manager had processes in place to ensure learning from safeguarding incidents took place to reduce the risk of reoccurrence.

The risks to people's safety were assessed, and measures to reduce risks were in place to protect people from harm. There were enough staff to meet the needs of the people at the service and the registered manager regularly reviewed staffing levels to ensure sufficient staff were available to support people. Safe recruitment practices were in place.

The management of people's medicines was not always safe. However, following our inspection, the registered manager sent us information to show how they had addressed this. People were protected from the risks of cross infection as staff undertook safe practices in relation to infection prevention.

People's needs were assessed using nationally recognised assessment tools and staff supporting people received adequate training to guide them in their roles.

People's nutritional needs were well managed and people received diets appropriate to their needs. People's health needs were supported by staff who worked with the relevant health professionals to manage this. People lived in an environment that met their needs.

Staff sought consent from people before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). 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.

People were supported by a caring group of staff who listened to their views and ensured their choices and preferences were met. People received person centred individualised care. They were treated with dignity and respect, and staff supported their independence.

People were supported to join in with several social activities provided by the service. Their concerns and complaints were dealt with in line with the providers complaints policy.

People were supported at the end of their life by staff who were aware of their preferences and their needs and wishes were respected.

The service was well led, the registered manager was visible and supportive towards people, their relatives and the staff who worked at the service. The quality assurance systems in place were used effectively to monitor performance and quality of care. The registered manager responded positively to changes and used information to improve the service and care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

The risks to people's safety were regularly assessed and measures were in place to reduce risks and promote people's independence.

People were supported by adequate numbers of staff.

Peoples medicines were not always managed safely.

People lived in a clean and hygienic service.

Is the service effective?

Good

The service was effective.

People's needs were assessed using nationally recognised assessment tools.

People were supported by staff who received appropriate training and supervision. They lived in a service which met their needs in relation to the premises and adaptions were made where needed.

People made decisions in relation to their care and support and, where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring, and showed a good knowledge of their preferences and choices.

People and their relatives were supported to be involved with the development of their care.

People had access to advocacy information should they require this.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People received individualised care and had access to a range of social activities.

People had access to information in a format which met their needs.

People were supported to raise issues and staff knew what to do if issues arose.

Where appropriate, people's end of life care wishes were discussed and plans of care were in place.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued.

There was a robust governance system in place to monitor the quality of the service.

The Troc Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 30 August 2018 and was unannounced.

This inspection was carried out by two inspectors, one assistant inspector and an expert by experience. An expert by experience is a person who has experience or of using this type of service or has a relative who has used this type of service.

Prior to our inspection we looked at information we held about the service. This included statutory notifications the registered manager sent us. These are notifications about significant events that happen in the service that affect the people who live at the service. The provider is required to send us this information as part of their registration. We looked at the information from previous inspections we had undertaken and spoke with key stakeholders of the service, such as the local authority who commission services at the home to gain their views on the way the service is run.

During our inspection we spoke with 14 people, 8 relatives and a visiting health professional. We also spoke with five members of care staff, two activity co coordinators, a housekeeper, a cook and the registered manager. We looked at the care records for five people and a selection of medicine records. We also looked at a range of service records and quality audits to help us establish how the service was monitored.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. One person said they felt safe because, "No one comes into your room unless you invite them. I can lock it (door) but I don't have to. They went on to say, "They (staff) come at night and ask if you are alright." Relatives we spoke with told us they felt confident their relations were safe. One relative told us they felt their relation didn't like being on their own and there was always staff and other people around and this contributed to the person's wellbeing.

Staff were aware of their responsibilities in relation to recognising and reporting safeguarding issues. Staff could identify the types of abuse people who lived at the service could be exposed to. They told us they would feel comfortable reporting any issues to the registered manager and they felt she would act on their concerns. We saw there was information on how to report any safeguarding concerns on the notice board in the entrance. One member of staff said they would report any safeguarding issue to the senior member of staff on duty, but they said they were also aware of how to contact external agencies such as the CQC if they needed to.

We saw the registered manager had dealt with any safeguarding concerns appropriately. They had undertaken investigations and when necessary put in measures to reduce further risks to people's safety. We also saw they had worked to ensure information about any safeguarding risks was cascaded to staff to ensure lessons were learned to prevent reoccurrence of incidents. Staff we spoke with told us that following one incident the registered manager had ensured all staff had up to date knowledge about a particular aspect of the service. They had worked with every member of staff to update their knowledge to prevent reoccurrence. We also saw the registered manager also addressed areas of concern at staff meetings by using the time to undertake group supervisions. This showed the registered manager worked in a collaborative way to reduce any safeguarding issues for the people in their care.

The individual risks to people's safety had been assessed and measures had been introduced to reduce these risks. One relative told us their relation had suffered some falls at home, but had never had any falls at the service. The care plans we viewed contained appropriate risk assessments that gave staff the information they required to safely support the people in their care. For example, people's mobility needs were clearly documented, one person's risk assessment noted they were unsteady on their feet and required a walking frame to support them when they walked. The person needed the help of one member of staff to stand and when walking. During our inspection we saw staff were following the guidance contained in their care plan. The person was also at risk of skin damage, this was exacerbated by an underlying health condition. There were measures in place to reduce this risk using pressure relieving aids and regular monitoring of their skin. We saw the aids were in place and the staff had regularly documented their monitoring of the person's skin.

We spoke with several staff and all were knowledgeable about the individual risks to people in relation to their care. We saw staff were confident and competent when supporting people to move. They used the appropriate hoists and other moving and handling equipment safely, and the people who were supported looked relaxed. One relative who visited the service regularly confirmed our observations. They said, "When

they (staff) lift people up on the hoist they make sure they are all safe." The information in people's care plans coupled with the staff's knowledge of the risks to their safety, resulted in people receiving safe care.

People we spoke to told us staff encouraged their independence and worked with them to maintain this while keeping them safe. One person said. "They (staff) like to know when I'm going to get ready for bed so they can be aware in case I fall." They told us staff would check on them and offer support, and they could use the call bell to summon help.

People were protected against the risks of fire as there were regular fire safety checks on the environment, and staff were aware of their roles in supporting people should there be a fire at the service. People had the necessary information on the support they required in personal evacuation profiles (PEEP) that were kept in a fire safety folder in the entrance, and individually in their care plans.

The above showed the staff at the service worked to actively reduce the risks to people's safety.

People and relatives told us that the home had a stable staff group, although people's views on staffing numbers were mixed. People told us that call bells were responded to promptly by staff, although they may then be asked to wait if staff were more urgently needed elsewhere.
One person said, "They (staff) come as soon as they can, it depends if they have other things to do, but they always send someone straight away to see how urgently I need them, and they may say they'll come back". Another person said "They (staff) come when you use it (call button), they come pretty quickly." A further person told us "You get to know the staff. They did have an agency person just about a week ago but that is the first time I've known it."

Relatives told us they saw that staff worked hard and were always busy. One relative said, "The staff are lovely, they could do with more though, they work hard." Another relative said, "They must be short staffed, they seem on the go all the time. They don't have time to sit down and spend time with people." However, on the day of the inspection we saw staff were meeting the needs of people in their care.

The staff we spoke with told us they felt there was enough staff on each shift to support the people who presently lived at the service. One member of staff told us when the service was full it was difficult to meet the needs of people on the present numbers of staff.

We discussed the comments with the registered manager. They could show that they had a good oversight of the dependency levels of the people in their care. They regularly monitored dependency levels along with other information, such as any trends related to falls, to establish safe staffing levels. For example, through monitoring falls, they had found an increase in the number of falls at night. As a result, they had increased the staffing numbers at night to ensure people received the right level of support. This showed people were supported by trained staff in appropriate numbers.

The registered manager used safe recruitment processes to ensure people were supported by fit and proper staff. We saw staff records contained evidence of appropriate references with any gaps in employment explained. The registered manager used the Disclosure and Barring Service (DBS) checks for potential staff members. The DBS helps employers make safer employment decisions, as any criminal convictions will be highlighted through this check.

People's medicines were not always managed safely. While people told us they received their medicines safely, for example one person said, "They (staff) deal with that and stand over me when they bring them - usually with my breakfast - to make sure I take them." We saw there were some signatures missing on

people's medicines administration records (MAR) which meant staff could not be certain particular medicines had been given to people. Some medicines should be used within a specific time frame once opened, and we found bottles of medicines had not been dated when opened. Where prescriptions had been handwritten on to people's MAR they had not been double signed to show the prescription had been checked by staff. We saw some daily checks on the temperature of the medicines fridge had not been completed over a period of three months. There were a lack of protocols to guide staff when administering medicines to people on an as required basis, for example for pain, to ensure these medicines were given when needed. We highlighted these issues to the registered manager who told us they were aware the management of medicines required more oversight. They told us they very recently discussed roles with senior care staff and had asked one staff member to take the lead in management of medicines. Following our visit, the registered manager sent us information to show how they intended to improve this area of practice. They had increased the level of auditing to ensure any errors were identified and addressed in a more robust way. This showed the registered manager was responding to areas of concern to improve the safety of the management and administration of medicines for people in their care.

People's views on the cleanliness of the service were mostly positive. One person said, "I have a clean room, yes, they clean it every day." A visiting relative said, regarding cleanliness, "There is no problem really, it seems clean." Another relative said, with regard to their family member "Her room is always clean and her clothes are well looked after." One visiting relative however told us "Cleanliness could be better. Sometimes I've come in and they have not swept up. It smells sometimes." We noted that there was a smell of urine in the area towards the lounge patio doors. We discussed this with the registered manager who told us there were plans to change the floor covering in that part of the service as they were aware it was not always possible to remove the odour from that area. They told us staff regularly cleaned the carpet but they were aware the issue needed to be resolved.

Staff we spoke with were aware of their roles in reducing the risks of infection to people through their practices. They could discuss the appropriate practices in relation to cleaning, managing laundry, the use of personal protective equipment (PPE) and effective hand washing techniques. Throughout the service we saw posters on hand washing techniques and supplies of PPE. The housekeeping staff had cleaning schedules and the registered manager undertook regular checks to ensure the cleanliness of the environment was well maintained. This showed the service followed good infection prevention practices, to maintain people's safety in relation to infection prevention.

Good

Is the service effective?

Our findings

People's needs were assessed using nationally recognised tools to ensure their needs were met. For example, we saw the Waterlow scoring tool was used to guide staff when assessing people's risk of skin damage. This tool highlights any issues that could affect the possibility of skin break down, such as underlying health conditions or mobility. We saw where people had been assessed as being at risk, there were appropriate measures in place, such as pressure relieving aids or regular repositioning for people who were unable to move themselves. One person, who could move themselves but spent long periods sat in their chair, had been assessed as requiring a pressure relieving cushion to sit on. Their care plan also noted staff should encourage and support the person to stand and walk short distances. During our visit we saw the pressure relieving cushion was in place and staff did support the person to mobilise short distances. This showed staff were using these tools to effectively meet people's needs.

People we spoke with told us they felt staff had the knowledge and skills to provide them with the care they needed. Relatives told us staff were confident and competent when providing care for people.

Staff felt the training they received gave them the confidence to undertake their roles. They told us the training was relevant to their role and equipped them with the skills they needed to care for people living at the service. For example, staff had received specialist training in dementia care. A staff member told us, "We have regular training and can ask for specialist training in areas of interest for us." Another staff member said, "The training is excellent and I did quite a lot of training prior to starting in post."

Staff induction procedures ensured they were trained in all the key areas such as infection control, first aid and moving and handling. We saw further guidance new staff received to support them to understand different aspects of their roles; such as the importance of care plans and good recording of care. New staff were also given information on how to support people living with dementia, how to approach conversations and how to respond to people. The information was straight forward and clear and new staff told us how helpful the guidance they received had been in preparing them for their role.

Ongoing training was in place to refresh people's knowledge. The registered manager told us that staff training was integral to the care provided for people. They told us one member of staff had struggled to keep up to date with their training modules. The registered manager had supported the person by taking them out of the staff numbers to give them time and support to complete their training, to ensure the staff member had the knowledge they needed to effectively undertake their role.

The above showed the registered manager worked to provide people with a group of appropriately skilled staff to effectively support their needs.

People's nutritional needs were being met. People told us that food at the home was good, they had a choice of meals and they got enough to eat and drink. One person said, "The food is good, I enjoy it, they (staff) come round before the meal and ask you your choice."
Another person told us they got enough food, they said, "Absolutely, you can have more if you want."

Relatives we spoke with said, "The food is lovely, they (residents) get plenty to eat."

Staff we spoke with could discuss the different dietary needs of the people they supported. The cook had information in the kitchen on the different diets, preferences and allergies of the people who lived at the service. People's weights were monitored regularly and any significant unplanned changes in their weights were acted upon. When necessary people were referred to the most appropriate health professional. For example, if people lost weight the staff ensured they worked with the person's GP to provide them with a fortified diet. Where people had difficulty swallowing and could be at risk of choking, they were referred to the Speech and Language Therapy (SALT) team who undertake assessments and provide staff with guidance on the most appropriate diet for the person.

During our inspection we observed mealtimes and saw staff provided people with the most appropriate level of support. People were offered choices and if they did not like what was on the menu, alternatives were provided for them. We saw there was hot and cold drinks available for people throughout the day. This showed people's nutritional needs were met by the staff supporting them.

People told us their health needs were well managed by the service. One person told us, "I have problems with my eyes, I have to go to hospital about them. They'll (staff) take me in a car, they sort all that." Relatives told us that staff informed them if there were any issues with people's health. One relative said, "If anything is going wrong with (family member) they let me know. I've no worries."

Staff understood the different health needs of the people they cared for. They told us they worked with the health professionals who visited the service to treat people for long term health conditions. They following instructions and guidance to ensure people's health needs were well managed. A visiting health professional confirmed this; they told us staff were responsive and raised concerns quickly if people required support. We saw one person had suffered some significant health issues, the registered manager and senior care staff had worked with the person's relative and their GP to address these concerns. People's care plans had information from the NHS choices websites for staff on the health conditions people suffered from. The registered manager told us they also kept a file in the care staff's office with this information for staff. The registered manager told us they felt it was important that information on people's health needs was readily available for staff. This showed staff were supplied with information to help them effectively support people with their health needs.

People had a document called a hospital passport in their care plans. This document had the necessary information required should people need to move between services, such as a hospital admission. The document contained information about the people's medical history, care needs, allergies, next of kin, GP and National Health Service (NHS) number. This helped health professionals supporting a person had the necessary basic information to provide effective care for them.

The environment people lived in was adapted to meet their needs. The provider employed a maintenance person to undertake any maintenance and ongoing repair work at the service. We saw there was an ongoing refurbishinment programme in place at the service and we noted improvements since our last visit. This meant people were living in a safe well-maintained environment which met their needs.

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. We checked whether the service was working within the principles of the MCA. We found they were.

People were supported to make decisions, and consent to their care at the service. People told us that staff always checked if they were happy for them to provide care before they assisted them. People's care plans showed, where possible, people had provided written consent to aspects of their care. When they had needed the support of their relatives, this had been documented in their care plans.

During the visit, we saw staff discussing things with people before providing care. The staff we spoke with told us they always assumed people could make their own decisions about how they wanted their care given. They told us they knew how to approach people to support them make their own decisions about their care. For example, if a person was deaf, staff told us they made sure the person had their hearing aids in and gave the person time to take in the questions. They told us if people were living with dementia they used simple short questions and visual prompts when they provided care.

Where people lacked the mental capacity to make specific decisions about their care, the registered manager had undertaken mental capacity assessments. This was to establish if specific decisions needed to be made in the person's best interest. When this was the case, the registered manager had worked with the person's relatives and relevant healthcare professionals to ensure any decisions made for people were the least restrictive option and in the person's best interest.

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). A number of people at the service had a DoLS authorisation in place and where there were conditions set by the DoLS team these were being met by the provider.

Good

Is the service caring?

Our findings

Without exception, people we spoke with told us that the care they received was good, although some had concerns about the demands placed on staff. One person said, "They (staff) are very nice, I haven't found any fault with any of them." Another person said, "I'm happy here, I enjoy it. They (staff) are very good, I know them all, they are friends." A further person said, "They (staff) are lovely, very friendly, they'll chat with you, I am very happy here, I can't think of one thing I'd change."

Relatives we spoke with were also happy with the attitude of staff towards their relations and themselves. One relative said, "The carers are great, all of them. A couple stand out. They are very busy though." Another relative said staff were, "Lovely with people, make you welcome too. They are all nice." A further relative told us, "When you come in you automatically get asked if you want a cup of tea and a biscuit, you really are made to feel welcome."

People and relatives told us that the caring attitude was not limited to care staff. One relative said "The handyman here is so good, so pleasant. He always fills my (family member) bird feeder for her, helps us put up pictures and that." One person said "The handyman is so pleasant and chatty. He helped me put up shelves."

Staff we spoke with told us they enjoyed working at the service and there was a caring culture among staff. They felt this was led by the registered manager who spent time talking to people and relatives each day. Staff told us the registered manager observed practice and fed back to staff. We saw evidence they undertook spot checks on practice and used this information to maintain and improve standards of care for people. This showed the staff at the service worked to ensure people were supported in an empathetic and caring way.

People's views and preferences on how they wished to receive care were recorded in their care plans. We saw people's preferred routines were recorded and people we spoke with could give us examples of how their preferences were met. One person said "They'll (staff) bring me my breakfast on a tray in my room. I don't go down (to lounge) 'til about 11. I can go to bed anytime I like. I've asked that I get a beaker of hot milk at night and they bring me that at 7.30pm to 8 o'clock." Another person told us "You can get up when you like. One person was up at 11 today and still had their breakfast." A further person, when discussing their preferences around personal care, said, "I can have a shower every day, I love a shower."

Staff we spoke with were aware of and listened to people's views on their care. We saw they gave people choices when supporting them, such as asking where people wanted to sit when escorting them to lunch. Staff discussed people's preferences with them at mealtimes, and made sure people were provided with their choices.

People were given the opportunity to give their views on their care plans, some people told us they preferred their relatives to support them with this. One relative told us they had seen their relation's care plan and had it reviewed. They told us they had sat with the registered manager to do this.

The service provided information for people on the availability of advocacy services should they have required this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. One person who lived at the service had the support of an Independent Mental Capacity Advocacy (IMCA). IMCAs were introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation.

People told us they were supported by staff who were respectful and worked to maintain their privacy and dignity. One person said, "They (staff) do respect me, they make me feel comfortable when they help me bath." A relative also told us that when they approached the registered manager to ask about their family member's medicines the registered manager had taken them into a private room, "to explain the medication in privacy".
During our visit we saw that people were well presented and appeared clean. There were examples of staff dealing with aspects of people's care discreetly and respectfully. It was clear staff understood their responsibilities in relation to people's dignity and independence.

People told us that staff encouraged them to be as independent as they could be. One person when discussing how staff supported them with their care said, "Sometimes I say I can do that, for example if they (staff) try and help me put my clothes on, and that's ok, we share it".
Another person said, "I get myself up and dressed but they'd help you if you needed it".
A visiting relative told us, regarding their family member, "They (staff) try to get [name] to do as much as they can for themselves."

During our lunchtime observations, we saw one member of staff help a person with their meal. The carer crouched down to eye level in front of the person and placed a spoon gently in their hand. The member of staff spoke kindly to the person encouraging them to eat. These examples showed staff worked to support people's privacy, dignity and independence.

Good

Is the service responsive?

Our findings

People were provided with individualised person-centred care from staff who knew their needs.
The care plans we viewed had detailed information to guide staff in providing the most appropriate care for people. For example, one person's care plan noted they walked using a walking frame and they sometimes required assistance to stand. The person also required glasses and a hearing aid. During our inspection we saw the person had these aids with them, and staff were providing the necessary support for the person. There was further information to guide staff support the person communicate as they sometimes became confused and needed time to take in information. The plan also noted the person was not able to use the call bell in their room and required a sensor mat, so staff were alerted when the person required help.

Relatives we spoke with told us staff had a good knowledge of the needs of different people at the service. For example, one relative told us they regularly saw how staff supported one person who displayed particular behaviour patterns when they were agitated. The relative said, "The staff deal with them calmly, nicely. The staff seem to know what they are doing, they seem efficient."

We also witnessed staff supporting people who were at times confused. They successfully supported people using strategies recorded in the individuals care plans. Our discussions with staff also showed their knowledge of people's needs and preferences, and the information in the care plans reflected the support people were given.

Staff told us they could access the care plans on a regular basis and the communication regarding any changes to people's care needs was good. They told us there was a communication book and regular staff handovers. The daily records staff kept on the care people received, contained information that was useful to chart any changes in people's care needs. A member of staff told us if they had days off or annual leave, the information in the daily records would prompt them to check people's care plans for any changes.

The registered manager was working to meet the accessible information standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw communication support plans provided staff with information about people's communication and sensory needs to support their communication. The registered manager told us they had also supported one person to make a specific decision about their care with pictorial information, with a positive outcome for the person. The registered manager had also reviewed signage at the service to make it easier for people to identify the different areas of the home.

People were supported to take part in a range of social activities. The feedback we received from people and their relatives was very positive about the different activities on offer for people. One person said, "I like to go to the pub and have a meal. We went on a boat trip. We've been to the ice-cream parlour, a garden centre. They use a mini bus." A relative said, "They have great activities. There's always a couple of things going on we can go to. They have them in a newsletter monthly." Another relative said regarding their family member, "There's always lots going on, like today they have a singer in, they do bingo and throwing balls and balloons with [name] and they love that. Twice a week they take [name] out for a walk in their wheelchair." A

further relative told us "The activities they (activities coordinators) organise are brilliant. We are all informed, we get a newsletter, they are fantastic, we have days out, it gets me out too."

The service employed two activities co-ordinators who told us they had received specialised training for their role and felt supported by the registered manager. They planned activities approximately two months in advance, and had a newsletter to ensure people and their relatives were aware of the different activities that took place. These activities and events included visits to pubs, garden centres and shops, strawberry and scone afternoons and flower arranging. A boat trip was undertaken every year. One of the activities co-ordinators told us staff also came in on their days off to support people to go out on trips. They said, "We couldn't do it without them."

A notice board in the communal lounge gave information on activities for the current week. These included walks, charades, painting and on the day of our visit there was an accordion player and sing-a-long planned. We saw this was very well attended by people and their relatives.

One of the activity co-ordinators also told us they supported people, who were unable to join in with group activities, with one to one activities. They said, "It is very difficult to tailor activities to everyone's tastes. We do group activities but a lot of one-to-ones." They went on to say, "We go and visit people in their room and try and encourage them to come and join in if possible, but if they stay in their rooms we chat, talk, spend time with them." This showed people were supported to engage in social activities to prevent isolation.

People and relatives, we spoke with told us they knew who to speak to if they had any issues with their care. Relatives told us that the registered manager responded well to their concerns or requests about care of their family members. Two relatives told us the registered manager had worked to meet the changing needs of their family members and had responded to requests and suggestions. One of the relatives said, "(Registered Manager) is lovely and anything I've asked for she's tried to do. I didn't like (family member's) room, and I asked to change it. She arranged that. I asked if I could have a lock for his room when he's not there – people walk around – and she arranged that straight away."

Staff we spoke with were aware of their responsibilities in relation to dealing with concerns and complaints. One member of staff said, "(I would) record and report any concerns to the manager, but try to resolve straightaway if I can." Where complaints had been received the company's complaints procedures had been followed by the registered manager to ensure any issues were resolved.

The company's complaints policy was displayed in the entrance of the service.

People's end of life care was managed according to their wishes and staff worked with people at the appropriate time to support them make their wishes known. People's care plans contained information on their advanced wishes. The registered manager told us staff worked to support people and their families at the appropriate time. They told us staff who had built up relationships with people and their families would alter shifts to provide care and support so people were not alone during this sensitive time. The registered manager told us they had a strong relationship with the community nurses and they worked together to ensure people had a dignified and pain free death. We saw one family, when announcing their family member's death in the local paper, had thanked the care home staff for their unfailing care and kindness towards their relation, and their thoughtfulness toward the family. This showed the staff worked to offer compassionate care towards people and their families at a difficult time.

Good

Is the service well-led?

Our findings

It is a legal requirement for the service to have a registered manager in post and on the day of our inspection the registered manager was available. The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

The registered manager was well known to both the relatives and people who lived at the service. People and relatives felt she listened to them and acted on issues raised in an open and transparent way. We were told by people that she was both a visible and approachable presence in the home. One person said, "You can go and knock on (registered manager's) door anytime. She comes around to see us and sometimes she puts an apron on and helps out." A relative said, "I get on with the manager, they are approachable and they explain things to me if I ask."

Staff told us the registered manager provided strong leadership at the service and staff were aware of the registered manager's expectations of them. Staff also said they were supported with regular supervisions and found these helpful in giving them direction, highlighting their strengths and where improvements were needed. The registered manager told us they used the practice checks they undertook to feed back to staff at supervisions. They had also introduced "significant discussions" following events to discuss performance. This could be to highlight good performance as well as address any areas that needed improvement.

The registered manager told us they had worked with staff to ensure they were made aware of any issues of concern in the service. They told us they came into the service at different times so they had a good understanding of how each shift was run. Where they had found concerns, they had worked with different staff groups to address the concerns and strengthen the staff group, so people received a high standard of care.

When we last inspected the service, we found there had been a lack of support for the registered manager in post. The present registered manager told us they had been working to improve the skills of their senior care staff. They had been gradually working with their senior care staff to give them areas of responsibility, such as reviewing and updating people's care plans, or leading on infection prevention and control. They told us they worked with the provider to give staff the time they needed to manage their area of responsibility. On the day of our inspection one senior care worker had come in to work on their area of responsibility. When we discussed the issues we had found in the management of medicines, the registered manager had explained that they had recently agreed with a senior care worker that they would lead on this area. This showed the registered manager was continually working with staff to establish a strong sense of

responsibility in their roles.

The registered manager undertook a range of quality audits to monitor the service provided to people. These audits included environmental audits in relation to health and safety, infection control and maintenance of the service. They also undertook audits of medicines, care plans, management of people's weights, any accidents, incidents or falls. These results of the audits were fed into the company's quality monitoring tool, and any issues or concerns would be flagged up for the registered manager to deal with. We saw how the registered manager had undertaken analysis of the audits to improve the quality of the service. For example, reviewing cleaning schedules and reviewing housekeeping hours, monitoring falls to look for trends, working to reduce falls by putting in measures to support people and reviewing staffing levels. This showed the registered manager continued to work to improve the quality of care provided for people.

The views of people using the service, relatives and staff were considered and people felt they were listened to. There were relative and resident meetings and we saw the registered manager had looked at different ways to encourage relatives to attend the meetings, such as holding a cheese and wine tasting evening as part of the meeting. Staff we spoke with told us there were also staff meetings and they could air their views and discuss the changes in the service. Staff told us their ideas and views were listened to by the registered manager. One member of staff told us the registered manager "really wants to make a difference" to the lives of the people who lived at the service.

Throughout the inspection we saw evidence of the registered manager's commitment to improving the quality of the service for the people who lived there.