

Ideal Care Homes Limited

Hatfield House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Hatfield House is a care home for older people who require personal care. It also accommodates people who have dementia. It can accommodate up to 48 people over three floors. The middle floor specialises in providing care to people whose dementia is more advanced. The service is situated in Hatfield, north of Doncaster. At the time of the inspection 39 people were living in the home.

This inspection took place on 10 and 11 February 2015 and was unannounced. The home was previously inspected in April 2014, when no breaches of legal requirements were found.

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

Summary of findings

All the people we spoke with who used the service and their visiting relatives said something positive about the service. For instance, one person who used the service said, “The staff are great, they are helpful. I’ve never heard a cross word.”

Some people told us that they enjoyed the range of activities available in the home, while others felt there should be more activities available. Some people told us there were enough staff, while others felt there should be more staff at night and at busy times during the day. The management team were aware of the issues, a staffing review was being undertaken and the registered manager was working to an action plan in order to make improvements in these areas.

Staff understood people’s needs and preferences, people’s healthcare and nutritional needs were being met and people’s medicines were stored and handled safely.

People and those who mattered to them were involved in the assessment about their care, support and health needs and involved in producing their care plans. One visitor said, “Mum says she feels loved here, which is a strong word for her.” Another visitor said, “The staff are absolutely lovely.”

Staff received a good level of training and the registered manager was working on improving the support they received by scheduling more frequent staff supervision and team meetings.

There was a system for the managers to review the quality of care being provided, and the staff team learned from incidents and accidents. The management team asked people to give feedback about their care and support to see if there were any improvements they needed to make. We saw instances where people’s feedback and learning from incidents and accidents had been used to improve the service.

There were safe recruitment systems, so new staff were only employed if they were suitable to work in the service. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC. One visitor said they felt their mother was, “Incredibly safe. That’s why she’s here.”

There was information available about how to make a complaint and people were confident they would be listened to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The people we spoke with who used the service told us they were well looked after and felt safe. We know from our records that safeguarding incidents were reported and dealt with appropriately.

People had care plans and risk assessments associated with their needs and lifestyles. Medicines were stored and handled safely.

Although there were enough staff to keep people safe, the management team were aware that there was a lot of pressure on staff to meet people's needs at night and at other busy times. A staffing review was being conducted in order to make improvements in this area.

The way staff were recruited was safe and thorough pre-employment checks were done before they started work.

Good



Is the service effective?

The service was effective.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

People were supported by staff who were trained to give care and support that met people's needs. The registered manager was improving the support the staff received by scheduling more frequent supervision meetings.

People liked the food and were supported to have a balanced diet. Staff supported them with their health needs and people saw their GP and other specialist healthcare professionals when they needed to.

Good



Is the service caring?

The service was caring.

One person's relative said, "Staff speak so fondly, and show a lot of respect."

We found that staff spoke to people with warmth and respect, took into account people's privacy and dignity and had a good knowledge of people's needs and preferences.

People we spoke with said they did participate in their assessments and care planning. However, some visitors wanted more formal reviews.

Good



Is the service responsive?

The service was responsive.

People had detailed care plans, which were regularly reviewed.

There was a complaints system in place. Complaints were thoroughly investigated and lessons learned were used to improve the service.

Good



Summary of findings

Some people told us that they enjoyed the range of activities available in the home, while others felt there should be more activities available. We were told that the registered manager was very approachable and was making progress with creating more activities for people.

Is the service well-led?

The service was well led.

People who used the service, their relatives and staff told us the registered manager, although relatively new, was very approachable and had made improvements to the service.

The managers asked people, their relatives and other professionals what they thought of the service and also checked the quality of the service themselves, using audit tools. The registered manager had made progress in improving the quality and frequency of these audits.

Good



Hatfield 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 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.

The inspection team was made up of a CQC adult social care inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed information we held about this service and the provider, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the service. We contacted Doncaster Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted Doncaster Council who commission services from the provider.

During the inspection we spoke with 12 people who used the service and 6 people's relatives. We spoke with 10 staff including deputy managers, senior carers, and ancillary staff, along with the registered manager and a regional manager. We also checked the personal records of six people who used the service. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the management team.

We observed care taking place in the home, and saw staff undertaking various activities, including handling medication and using specific pieces of equipment to support people. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All the people who used the service we spoke with said they felt the home was a safe place to live. All the visitors we spoke with said they felt the home was a safe environment for their relatives and that risks were carefully managed. For instance, one person who used the service said, “Oh yes I feel safe, I did find a lady in my room, but I have a key now.” One visitor said their family member was safe and secure. They explained the person had a sensor mat because they frequently got out of bed at night and risked falling. If this happened staff were alerted by the sensor mat alarm. They added, “They [the staff] are there in minutes.” Another visitor said they felt their family member was, “Incredibly safe. That’s why she’s here.”

We looked at how the provider had responded to the outcome of an investigation carried out by Doncaster council’s safeguarding team following concerns raised. We found that the new registered manager had, and continued to effectively address these issues.

Staff were aware of the safeguarding procedure in the home. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The training records showed that staff received training in the safeguarding of vulnerable adults. The staff we spoke with told us that this training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. Staff were confident in their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. For instance, one member of care staff told us that if they had concerns they would, “Talk to the manager or the area manager. I’ve had safeguarding training.”

The registered manager took reasonable steps to ensure people’s property was safe. People had their own room keys so they could lock their rooms. One person did tell us that one or two items had gone missing from their bedroom; they went on to say they now locked their door. A relative said they were not aware of any of their family member’s possessions going astray. Another relative said, “Everything is safe and secure. When they aren’t in their rooms they are locked everything gets written on the property register, they are good about that.”

On the day of the inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. We saw there was at least one member of care staff in each lounge area at all times. Most staff we spoke with said staffing levels were reasonable. We saw there were sufficient staff to carry out their care tasks calmly and efficiently, as well as dealing with enquiries, attending to visitors and chaperoning visiting professionals.

We received mixed opinions from people and their visitors about the numbers of staff. Some people told us staffing levels were reasonable. For instance, one visitor said, “By and large there is enough staff.”

Whereas some people, their relatives and staff said, at times, staff numbers were not sufficient to provide the care needed. One person told us, “Sometimes it’s better not to ask them for anything because you can see they are busy. If it’s a busy time I try not to buzz, but they do come if I do.” Another person said, “There’s not enough staff at night-time, you want more than one on, there’s a senior, but if she’s doing her books and that, if a buzzer goes and the carers are busy you have to wait.” Another person told us, “Sometimes there aren’t enough, but they do their best. Sometimes in a morning they’re busy.” One member of staff said, “On some days, on the middle floor you could do with an extra person.”

The registered manager was aware of the challenges for staff at key times and was conducting a review of staffing, with the regional manager. This was to consider the numbers of staff needed and how to best deploy staff to make sure people’s needs were met. The discussion we had with the registered manager and regional manager and the records we saw showed that some positive progress had been made, although the staffing review was not fully completed. For instance, he was actively monitoring staff sickness and recruiting staff to replace those that had left in recent months.

One relative had raised concerns with the provider. We discussed this with the registered manager, who was determined that these concerns were taken on board and the lessons learned used the help to prevent similar issues arising in the future. We saw that the information fed into the overarching staffing review, staff had been provided with further training and the registered manager had done some work on raising staff awareness regarding falls

Is the service safe?

prevention. He had strengthened the system for monitoring and reviewing all accidents and incidents, including falls and the system for making referrals for support from other professionals, to help with falls management.

We checked four people's care plans, to look at whether there were assessments in place in relation to any risks to which they may be vulnerable. Each care plan we checked included up to date risk assessments for areas such as moving and handling, falls and nutrition and hydration. These were detailed and set out the steps staff should take to ensure people's safety.

We asked three members of care staff about how people who used the service were kept safe. The staff were clear and described in detail what they needed to do to make sure each person was safe and protected from harm or injury.

We looked at personnel files for five staff and these showed that the recruitment procedures had been designed to make sure people were kept safe. Checks had been completed before staff worked unsupervised and these were clearly recorded. The checks included taking up written references, identification checks, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We found there were appropriate arrangements in place to make sure that people's medicines were safely managed. We observed medications being given out by a staff member at lunchtime. The staff member made sure each person had a fresh drink and did not leave them until they had safely taken their medicines. They also offered people pain relief.

We saw that medications were administered by staff in a timely manner and staff explained what the medication was for to each person. Medication was securely stored and handled by members of staff who were appropriately trained. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. These were available to staff and had been signed by all relevant staff to confirm that they understood the appropriate procedures. People's care records included details of the medication they were prescribed and guidance about medication they took on an 'as required' basis (PRN), for pain relief and for anxiety.

Medication was audited on a monthly basis by a member of the management team. Any issues identified were followed up with records of action taken. We checked the most recent audit and saw that correct procedures were followed.

The people we spoke with agreed the home was clean. One relative said the home, "Feels good, smells nice, it's co-ordinated, has nice fabrics and has a homely feel." Another visitor said, "They have very good infection control, they wash everything at a high temperature." When we looked around the home we found it to be clean.

We noted that in December 2014 the service was awarded a Food Hygiene Rating Score by the Environmental Health Officer. The score ratings were based on how hygienic and well-managed food preparation areas were on the premises. The home was given the rating 5, which is the highest score.

Is the service effective?

Our findings

The home was purpose built and had three stories, reached by stairs and passenger lift. The corridors were wide and uncluttered. Each floor had a lounge with a dining area. There were separate, 'quiet' lounges and further quiet areas in alcoves, with comfortable seating. The chairs in the lounges were arranged in 'sociable' groups rather than around outer walls. The garden was well laid out. The registered manager advised us that modifications, such as raised beds, had been made so that people could work in it if they wished. People's bedroom doors had their names and either photos, some recent and some of when they were younger. Some people had pictures of things that were meaningful to them. There were framed photos of the local area in times past, around all corridors and items to encourage and stimulate conversations and reminiscence were hanging from coat stands.

The home had internet access and equipment so that people could have conversations with their relatives by the internet if they wished. There were bright, interesting notice boards in the reception area. Photos of activities people were involved in featured on the activities board in the ground floor corridor.

Everyone we spoke with said they felt the food was good. One person who told us, "I have a great breakfast, I have a big bowl, you should see it." One person's visitor said, "I've eaten here and it is good." Another visitor said, "[My family member] loves her food. They do homemade buns and cakes for tea, and they are gorgeous."

We checked people's care plans to look at information about their dietary needs and food preferences. Each file included up to date details, including screening and monitoring records where people were at risk of poor diet or malnutrition. People's weight was monitored. For people who were assessed to be at risk we saw records of their food and fluid intake. Food supplements had been prescribed for people who were at particular risk.

The staff we spoke with showed a good understanding of people's nutritional needs and dietary preferences. We asked three staff about the arrangements for making sure people were given choices at mealtimes. They told us that, where people needed support in making choices and in communicating their choice, staff used visual prompts to

help. We saw that this happened during the inspection. We observed lunch in two of the home's dining areas. In the second floor dining area people were given a choice of where they sat. The tables were well laid with clean table cloths, nice cutlery and condiments.

The meal was brought in by the cook, who stayed for a while and chatted with people. We were advised that people had been asked what they wanted from the menu offered earlier in the day. We saw that they were again asked what they would like at the point of plating the meals. The meal choices were gammon or fishcakes, was well presented and looked appetising. People we spoke with said the food was hot enough. Portion sizes were appropriate, and people were asked if they wanted more.

Three members of staff assisted people. We saw that a member of staff asked people what they wanted to drink and was patient with those who took longer making a choice, showing them what was available. Staff worked well together and communicated discreetly. They responded quickly if they saw anyone needed assistance. They asked if people wanted any help in cutting up their food. One staff member sat with particular people and encouraged them to eat. One person changed their mind about what they wanted and their meal was changed without fuss. There was music playing in the background and the meal time was a calm, pleasant experience for people.

In the dining area on the ground floor, three members of staff were serving food. We saw that when they engaged with people, staff, were caring, patient and kindly. However, while they were serving desert, they were also looking at care plan folders and rinsing crockery and cutlery. There was a lot of background noise from washing the pots and staff often had their backs to people, rather than engaging with or monitoring them. When we raised this with staff, they acknowledged this. One staff member told us the dishwasher was too small and they had to rinse things off first. Another said, "The kitchen staff ought to take the plates away, it's not that we mind washing them, but it is noisy and we should be looking after residents." We discussed this with the registered manager at the time of the inspection. They said it would be addressed as a matter of priority.

A relative told us, "[My family member] always has a jug of water and goes to the lounge mid-morning for a drink.

Is the service effective?

There is a fridge in their bedroom and we stock it with drinks, like blackcurrant and orange juice.” Another visitor said, “They regularly push fluids and I notice there aren’t empty cups lying around, people do drink them.”

In the lounge and dining areas we saw that there were cold drinks and water available and that most people had drinks to hand. People were offered a choice of drinks at lunchtime. Additionally, in people’s rooms there were jugs of juice and or water on tables, within easy reach. When we visited one person in their room, at 11am a member of care staff brought tea and biscuits for the person and their visitor.

We asked the visiting relatives about the support provided to people to have access to health care services. One person’s relative told us their family member was, “Seen regularly by the doctor. Just recently [my family member] had a problem and had to go to hospital for checks. A staff member rang me at home, and I went with them the first time, but I couldn’t go this time, so they sent a care worker.” Another relative said, “They were excellent when [my family member] had to go into hospital. They phoned me straight away.” And another said, “[My family member] has a serious illness a couple of weeks ago, they were fantastic. They called me immediately and gave loads of support.”

The registered manager told us about the systems in place for making sure people received effective care. They told us support from external healthcare professionals was readily available and there was a good relationship with a GP practice, which was very nearby and the GP held a surgery in the home every Thursday. At the time of the inspection an optician was visiting one person and we were told a chiropodist attended the home regularly. We looked at three people’s care records, and found that support from external healthcare professionals had been accessed where required. Where an external healthcare professional had been involved in someone’s care, their care plans and risk assessments took into account the healthcare professional’s guidance. Daily notes in each file we checked showed that this guidance was being followed.

The staff we spoke with told us that they had received training in the Mental Capacity Act. The provider’s training records we saw confirmed this. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal

of care or treatment. The staff spoke with knowledge about this aspect of caring for people and throughout the inspection we saw that staff respected people’s choices. Mental capacity assessments were undertaken when needed and we saw evidence of these in people’s records. We found evidence in people’s records that if they lacked the capacity to make a particular decision, meetings had been held to establish what the person would want. Where best interest decisions had been reached, they were reviewed on a monthly basis to make sure that they remained in the person’s best interests.

The Mental Capacity Act 2005 includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. As the service is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

The registered manager was aware there had been recent guidance about the way the Deprivation of Liberty Safeguards (DoLS) were interpreted, widening their definition and they had planned further training for staff, to make sure they followed the Mental Capacity Act 2005 code of practice. Applications were being completed for DoLS authorisations, for all people who used the service, who met the criteria. We saw one of these applications, which showed that correct procedures were followed to make sure people’s rights were protected. One person’s care records showed they had an Independent Mental Capacity Advocate (IMCA) involved during this process.

We asked three members of staff about the arrangements for staff supervision and appraisal. They told us they received one to one supervision meetings with their line managers, although this had been irregular recently. The information we received from Doncaster council contracts staff also indicated that staff’s supervision had not been undertaken regularly. We discussed this with the registered manager, who acknowledged this. They told us it was an area identified on their action plan for improvement and told us they had created a monitoring record, to make sure staff did receive their supervision. We saw this record, which showed that some progress had been made. They confirmed they received appraisal on an annual basis. This was confirmed by the records we saw.

Is the service effective?

The records we saw and the discussion with staff also showed that new staff undertook a thorough induction, based on Skills for Care's common induction standards. These are a set of recognised standards for people working in adult social care. One deputy told us the staff received good quality, practical training, with regular updates. An element of a recent complaint received by the service was that staff needed more dementia focused training. It was clear from discussion with the registered manager that the concerns raised had been taken seriously and acted upon

as staff had been provided with further, bespoke training about working with people living with dementia. Staff we spoke with confirmed that they had received further training in this area. They said the registered manager was keen on making sure staff had the training they needed to meet people's needs. One member of care staff said, "The training is really good. I think we are using a new trainer now, as we had 'Dementia Awareness' last week and she was brilliant. Everybody said they enjoyed it."

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring. One person told us staff, “Couldn’t be better, I get on very well with them.” Another person said, “It’s alright, everything I want, it’s good”. Another comment we received was, “The staff are great and they are helpful. I’ve never heard a cross word.” The person added, “I get a bit low. They are ready to talk to you. They sit and talk”. Another person told us, “I can say I’ve been happy here since I came 12 months ago.”

One visitor said, “[My family member] says she feels loved here, which is a strong word for her.” Another visitor said, “The staff are absolutely lovely.” They named one staff member, who they said was. “Excellent. So obliging.”

We observed that staff had a caring approach and related to people in a kindly, patient manner. Where necessary, staff knelt or sat down so that they were at eye level with people, and reassured through appropriate touching. Staff knew people well.

One person told us, “They often talk about where I used to work, what I did and that.” Staff, although busy, told us they did have time for social interaction, particularly in the afternoon. One relative said, “The staff do know [my family member] and me. They all can tell me what’s going on with her.”

One person’s relative said, “Staff are very welcoming to visitors.” Another relative said, “They are not rigid about visiting. They do have protected meal times, but they make you very welcome at any other time, I like that, you know nothing is staged.” Another relative told us relatives were not encouraged to stay for meal times and they felt this was a shame. We discussed the policy of ‘protected mealtimes’ with the registered manager who felt it would be timely to review the needs of the people who used the service to assess for whom the approach remained relevant and beneficial.

We were told that staff did do that little bit extra, to make sure people were well cared for. One visitor said, “They made it a nice Christmas. Mum couldn’t go out, so they set a table in here and we had a lovely meal.”

People who used the service and their relatives told us people were able to make their own decision about their day. For example, when they got up and went to bed. One person said, “I can get up and go to bed when I want.”

Another person told us, “They say you can sleep in if you want, you can go to bed when you want or sit and watch TV.” Another person who used the service said, “The girls [care staff] will take us to the shops if we want.”

We saw that staff treated people with respect when talking to them or offering assistance and ensured that people’s dignity was preserved. Everyone was well dressed and in clean clothes.

One person said, “Staff are good, all of us, they always knock, always ask. I like it that they call me by my Christian name.”

A visitor said, “Staff approach residents very well, they are very polite, there’s no bad language.” Another person’s relative said, “They treat [my family member] with respect, but have banter with her, they are really good.” Another visitor said, “Staff speak so fondly, and show a lot of respect.”

The layout of the home was such that there were quiet lounges and alcoves in corridors with comfortable seating where people and their visitors could sit if they wished for privacy. One visitor said, “We can go to [my family member’s] room or the nice quiet room if we want to talk.”

As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we saw that staff took the time to listen to people and try to understand their needs and wishes.

During this observation we saw that the staff were warm, friendly and engaging in their interaction with people who used the service. Staff showed concern for people’s wellbeing and we regularly saw and heard staff checking that people were happy and comfortable.

We spoke with staff about how they respected people’s privacy and dignity. They described the steps they routinely took, including how they protected people’s dignity when providing personal care. They told us they believed promoting respect and dignity for people was a very important aspect of their work. We asked two people if staff protected their privacy and showed them respect. They told us that staff always knocked on their bedroom door and addressed them by their preferred name.

We saw instances of good practice from staff in maintaining people’s dignity. For instance, we noticed one person who

Is the service caring?

used the service, who walked past the dining room door in a state of undress. One member of staff quietly brought this to the attention of another, who immediately went and supported the person. No fuss was made and no untoward attention drawn to the person. Overall, most staff were polite and respectful of people throughout the day. One visitor said, in regard to their family member, "They talk to him like a grown up. Treat him with respect."

We looked at the arrangements in place to enable people to be involved in decisions about their care. People we spoke with said they did participate in their assessments and care planning. The registered manager told us that they made sure people were aware of the local advocacy service so that people could have access to an advocate if required.

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs. One person's relative told us their family member had benefited from being in the home, saying, "She has put weight on, got her personality back and is less insular."

People told us they were involved in their care planning and decision making. People's visiting relatives said they had involvement and were kept up to date. For instance, one visitor said they had discussed their family member's care needs in depth with the staff including their likes, dislikes and preferences. They added, "Every time you come in they [the care staff] give you information, update you. I do look at the care plan; it's freely given to me."

Another person's visitor said they had seen their family member's care plan. They added they had also been involved in discussion about an 'end of life' plan for their family member. When talking about their family member's care plan another visitor also told us, "I know where it is, I've not seen it recently. I do know if I ask questions they get it and refer back, and it always seems to be up to date."

One visiting relative told us, "I've not read a care plan; I just ask mum if she is happy with the care and she says yes."

One person said they had not had any meetings with the registered manager to discuss their care needs. However, they went on to say, "He does come and talk to you, but he leaves all that to the care staff really."

Some relatives we spoke with had a health or care background. They expressed confidence about asking questions and, if necessary, challenging staff regarding care of their relative. Those relatives we spoke with without any prior knowledge of care were not as confident about this. Two visitors said they would appreciate more formal meetings, more often about their family members' needs and care.

We found that care plans were detailed and set out how to support each person, so that their individual needs were met. They told staff how to support and care for people to make sure that they received care in the way they wanted and needed. People's care was reviewed regularly to make sure it met people's needs.

We were told by people who used the service, relatives and staff that there was a programme of activities. For instance,

one person's relative said, "I came in and saw [my family member] doing chair exercises with pompoms. I joined in." Another visiting relative told us, "They have singers in and we went out with residents and families at Christmas."

We saw that individual staff did undertake activities with individuals and in small groups. One member of care staff played cards with people and one member of care staff did someone's nails. Another led a discussion group, and encouraged interaction between people by using, 'The Weekly Sparkle' which was a publication from another home that detailed anniversaries of past events.

One member of care staff told us they organised craft sessions for people, such as flower arranging and kite making. In the afternoon we saw that a member of care staff helped two people with a jigsaw, while talking about trips that people had taken. We saw that another member of care staff played dominoes with a small group of people.

Some people told a member of care staff they wanted a 'movie evening' that night and it was agreed that they would, "settle down together" to watch a DVD.

The hairdresser was visiting at the time of the inspection and we saw posters advertising a Valentine's singing and buffet evening.

Whilst we saw staff engaging in activities throughout most of the day, There were times when people were simply sitting, without any interaction or stimulation. This was the case in the afternoon when there was only one member of care staff supporting 11 people, in the lounge on the middle floor. One member of care staff told us, "People at Head Office want us to do more activities, but sometimes there isn't enough time, we are busy. We could do with one extra staff member, on days, I think."

Some people who used the service felt there were not enough activities. For instance, one person told us they had been at the home for two weeks and, "I haven't noticed any activities yet." A visitor said, "Something I don't think they do enough of is activities and they don't have enough staff to do one to ones." They added that the new registered manager was very approachable and was making progress with creating more activities for people.

The registered manager told us a member of administrative staff held the responsibility for booking visiting entertainers, although the home did not have a dedicated

Is the service responsive?

activity co-ordinator. He said the regional manager and himself were considering the introduction of an activity co-ordinator post, as a part of the overarching staffing review.

We saw that staff encouraged and supported people to do things for themselves and be as independent as they could. A visitor told us, “They make her work. She couldn’t walk when she first came. Now they’ve encouraged her, given her confidence and she can walk now.”

We asked people who used the service and their relatives about how they would make a complaint. They told us they would speak to the managers or a senior staff member. People were confident they would be listened to. Nobody

we spoke with said they had made any formal complaints, nor had they any to make. One relative said, “I’ve never had cause to make a formal complaint, so can’t comment other than to say whenever we have asked for things they happened.” Another visitor said, “No, I’ve never had need to make any formal complaint, but if I had to I would.”

There was information about how to make complaints available in the communal area of the home. This was also featured in the service user guide, which was a document setting out what people who used the service could expect. We saw the record of complaints and found that where complaints had been received, the manager had conducted thorough investigations.

Is the service well-led?

Our findings

Members of the management team were well thought of by the people who used the service, their relatives and the staff we spoke with. For instance, one relative said, “I think the manager knows what is going on with mother and I find I can talk to him.”

There was a system in place for seeking feedback from people who used the service and their relatives. People were asked to fill in questionnaires and the registered manager asked people who used the service questions about the quality of the service at their residents meetings. These were displayed, in large print on the notice board in the reception area. The most recently asked questions were about the quality and choice of the food, the outings and activities people would like to do and the standard cleanliness in the home. The improvement plan incorporated people’s feedback into the way the service was managed.

A member of care staff told us, “The manager is really approachable. He tries to help you out, will sort things out for you, and does what he says.” Another said “The manager is fair.” Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the measures the provider could use to address poor performance. Staff told us they had staff meetings but that these had not been regular. One staff member thought the last one was three months ago.

The registered manager showed us the action plan he was working to, which identified areas of priority for improvement. The plan identified additional resources that were made available to support him. He told us of his plans to develop and empower staff through training, staff meetings and supervision sessions.

There was a quality audit system used within the service. It comprised monthly checks carried out by the registered manager and the deputy managers, looking at such areas

as the care records, the medication system and infection control arrangements. In addition to this, a senior manager visited the home to carry out an audit each month. The feedback we received from the local authority was that the frequency and quality of these needed to be improved. The registered manager told us it had proved a challenge for himself and the rest of the home’s the management team to complete all necessary quality assurance audits, alongside the necessary management and improvement tasks. There was evidence that this was being addressed and progress had been made in catching up.

The registered manager told us that a proposal had been made to the provider to make the deputy managers supernumerary. The registered manager was actively recruiting staff in order to be able to relieve the deputy managers of care duties. This had the support of the staff. For instance, one staff member told us, “I certainly wouldn’t have the deputies counted in the core staff; they have enough to do without being on the floor.”

The registered manager told us that, since his arrival he had tried to make sure people who used the service were placed in the areas of the home that were appropriate to their needs. For instance, the ground floor was geared to meeting the needs of people with slight memory loss, the first floor for those diagnosed with dementia and who needed a higher level of support. One visiting relative felt the registered manager had been successful in this. They said, “I feel they fit personalities together. [The registered manager] has done that. It’s like a community.”

All the staff we spoke with were happy to work in the home. They thought the registered manager and deputy managers were approachable, supportive and understood their concerns. They told us that since the new registered manager had been in post, previous divisions in the staff team had been resolved and the home was now a very positive and friendly place to work. One staff member said they had been subject to bullying, but this had been addressed, was no longer the case and the home was now, “A pleasure to work in.”