The Abbeyfield Kent Society

Abbeyfield - St Martins

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 09 April and 14 April 2015. Our inspection was unannounced.

Abbeyfield St Martins is a care home providing accommodation and personal care for up to 41 older people. The home is close to shops, a library, and a doctor's surgery. There are three lounges, a large dining room and a spacious activities lounge within the home. At the time of our inspection 37 older people were living at the home, many of whom were living with dementia. Some people had sensory impairments and some people had limited mobility.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Summary of findings

Medicines were stored, administered and disposed of safely. Medicines were not always recorded safely. We made a recommendation about this.

People gave us positive feedback about the home. People felt safe and well supported. They told us that staff were good at communicating and the food was good. People told us, "The staff are very kind and thoughtful"; "They are all very pleasant, caring and thoughtful". There were plenty of activities to keep people active and engaged.

Staff knew and understood how to protect people from abuse and harm and keep them as safe as possible. The home had a safeguarding policy in place which listed staff's roles and responsibilities.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

The home was suitably decorated. The home was adequately heated and was clean. There was a relaxed atmosphere.

There were enough staff on duty to meet people's needs. Staff had undertaken training relevant to their roles and said that they received good levels of hands on support from the management team.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Best interests meetings had taken place with relevant people. The registered manager understood when an application should be made and how to submit one when required.

People had choices of food at each meal time. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives. People with specialist diets had been catered for. The cook had a good understanding of how to fortify foods with extra calories for people at risk of malnutrition.

People received medical assistance from healthcare professionals when they needed it. They attended hospital appointments when needed.

People told us they found the staff caring, and said they liked living at the home. Relatives gave us positive feedback about the care and support their family members received. Staff were kind, caring and patient in their approach and had a good rapport with people.

People had been involved in planning their own care. All the records we viewed had consent to care and treatment forms that had been signed by the person or their relative. Relatives told us that they were involved with reviewing their family members care on a quarterly basis.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

People and their relatives and visitors had access to a number of shared areas which meant that they could spend private time together. People's information was treated confidentially. Personal records were stored securely.

People told us that the home was responsive and when they asked for something this was provided.

People were engaged with activities when they wanted to be. The activities plan for the home showed that activities took place every day of the week. People participated in their local community such as using local library services and attending church services.

The complaints policy was displayed on the wall of the home. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales for a response.

People had provided feedback about the service they received and people's comments had been acted on. Relatives told us that they were kept well informed by the home.

Staff were well supported by the management team. They told us that communication was good and staff meetings had taken place. Staff were confident that the

Summary of findings

management team and provider would deal with any concerns relating to bad practice or safeguarding issues appropriately. The registered manager and senior staff were visible throughout the home.

There were effective quality assurance systems and the registered manager carried out regular checks on the home to make sure people received a good service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

The service was not consistently safe.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

Medicines were appropriately stored and administered. However, some medicines were not always appropriately recorded.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

There were sufficient staff on duty to ensure that people received care and support when they needed it. Effective recruitment procedures were not always in place.

Is the service effective?

Good

The service was effective.

Staff had received training and support relevant to their roles.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered for.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People told us they found the staff caring, friendly and helpful and they liked living at Abbeyfield St Martins.

People had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Is the service responsive?

Good

The service was responsive.

Care was offered to people in response to their care needs which had been planned with their involvement. Relatives told us that they were kept well informed by the home.

People were engaged with a variety of activities of their choosing.

Summary of findings

People and their relatives had been asked for their views and these had been responded to.

People had been given adequate information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a clear set of values and these were being put into practice by the staff and management team.

The registered manager and provider carried out regular checks on the quality of the service.

Staff told us they were well supported by the management team and they had confidence in how the home was run.

People were encouraged to give their views and feedback about the service. The provider had made changes as a result of feedback received.

Abbeyfield - St Martins

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 took place on 09 April and 14 April 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for older family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with seven people and three relatives. We interviewed eight staff and we spoke with the registered manager. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included six people's care records, risk assessments, four weeks of staff rotas, six staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including some policies and training records. The information we requested was sent to us in a timely manner.

We last inspected the service on the 10 June 2013 and there were no concerns.

Requires improvement

Is the service safe?

Our findings

People told us that the home was a safe place to be and their possessions were secure. People felt free to move around the home. One person told us, "I feel safe, there is nothing to not feel safe about here". Another person said, "I've been very safe". People told us that they received appropriate support with their medicines and that the home was clean. A visitor told us, "The Home is a clean place".

People told us that their call bells were answered quickly on most occasions. One person told us, "If I call it's not long before someone comes". One person told us "I don't think there are enough staff about" and "It takes twenty minutes sometimes to get a response to a call". Throughout the inspection we found that call bells were answered promptly. Relatives told us that their family members were safe and there were enough staff on shift. One relative told us, "In my experience there are enough staff about".

We observed that there were suitable numbers of staff on shift to meet people's needs and call bells were answered quickly. One relative told us that they had found there were felt there was not enough staff working in the home at weekends. The staffing rota evidenced that there was less staff working each morning at weekends. The registered manager advised us that established staffing levels had not changed for 15 years, however when people's needs changed the registered manager had flexibility to book extra staff when required to ensure people's needs were met. All the staff we spoke with told us that there were enough staff on duty to care for and support the people at the home. One staff member told us, "I have enough time to sit and chat with one of the ladies in German, because I know she speaks that language".

We recommend that the provider researches good practice guidance to review the staffing levels within the home to ensure that staffing meets assessed needs.

Recruitment practices were not always safe. The registered manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. Two out of six application forms did not show a full employment history and some employment and further education listed on application forms did not have end dates, therefore it was not possible to identify if there had been gaps in employment. Interview records did not evidence that this had been investigated by the provider.

The failure to carry out safe recruitment practices was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Where there had been concerns about staff practice or conduct suitable action had been taken by the provider. Disciplinary procedures had been followed and thorough investigations conducted, outcomes of investigations were clear and supervision records showed that performance had been monitored.

Staff had completed safeguarding adults training. The staff training records showed that 41 out of 47 staff had completed training. Five staff were new and their training had been planned. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns. Effective procedures were in place to keep people safe from abuse and mistreatment.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person's abilities and current care needs. For example, for one person with diabetes, staff had listed foods to avoid, as well as the person's ideal weight and how to achieve this. There were risk assessments in place for various activities or behaviour that may cause a risk to a person or others. For example, one person had been identified as being prone to falls, so staff had highlighted control measures to reduce the risk. These included ensuring the person's path was cleared of obstacles, and that they had access to suitable footwear

Requires improvement

Is the service safe?

and any specific mobility aids they required. We saw the person using a wheeled walking frame, as stated in their care plan. The risk assessments and care plans were reviewed monthly, and we noted that changes were signed by the person or their relative to demonstrate consent. Staff were able to provide care which was safe and met each person's needs.

Each person's care file contained a personal emergency evacuation plan (PEEP) which detailed how to evacuate people in an emergency. Staff had an awareness of how to evacuate the home and the processes to follow if the fire alarm sounded in order to keep people safe. Each PEEP was personalised for the individual.

The premises were generally well maintained and suitable for people's needs. Fire extinguishers were maintained regularly. Fire alarm tests had been carried out. Staff confirmed that these were done weekly. Records showed that emergency lighting had also been tested weekly. Any repairs required were completed quickly. Bedrooms had been decorated and furnished to people's own tastes. We observed that the areas of the home which had been assessed as unsafe for people to enter, such as rooms housing electrical equipment, lift equipment and cleaning materials were locked and secure.

Medicines were stored in the home's medicines room. The medicines room was securely locked. The room temperature was recorded twice a day, and these records were up to date. The provider could be sure that the room temperature was appropriate for the storage of medicines.

We observed a trained staff member administering people's medicines during the home's lunchtime medicines round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were asked if they were in pain and whether they required PRN (as and when required) medicines. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them. MAR charts for people who received their medicines through an adhesive patch, did not record where on the person's body the patch should be administered. This could result in the medicines patch being administered too frequently on the same skin area which could cause skin irritation.

One person was able to administer their own medicines; staff had entered 'Self-medicate' in the signature section of the person's MAR chart. The person had signed a consent form to allow self-administration of their own medicines. There was a risk assessment in the person's care and assessment record to demonstrate that the risks of self-medication had been identified and addressed. However, there was no record of when the person had taken their medicines or how much the person had taken.

We recommend that medicines records are reviewed and updated.

The home was clean, tidy and free from offensive odours. The laundry room contained washing machines which had a sluice temperature function, to allow cleaning and disinfecting of soiled linen and clothes. There were labelled laundry baskets for each person to ensure their clothes did not get lost or mixed up. Hand washing guidance was available in every bathroom and toilet. Staff had access to personal protective equipment (PPE) such as gloves and aprons to minimise the risk of infection. Staff followed infection control guidance and procedures.

Good

Is the service effective?

Our findings

People told us that the staff are good at their jobs, they worked very hard and staff were good at communicating with people. Several people told us that they found it difficult to know who staff were as they did not wear uniforms. People were generally positive about the food. One person said, "If I didn't like what was on the menu, I could ask for something else"; "I have my own drinks and they change the water every day". Other people told us, "I don't mind the food", "I can't grumble about the food", "I'm sure I would get something different if I didn't fancy it", and "The food's good. I like having a beer". Other comments included, "They did a special meal for me today as I did not like the curry" and "The food is very good".

Relatives told us they thought the staff were qualified to carry out their duties. They told us that their family members' health needs were well met. Relatives gave examples of when the staff had responded quickly to changes in people's health, which resulted in medical appointments with the GP and further appointments at the hospital. People were supported by staff to attend hospital appointments when required.

Staff received regular supervision from their manager and annual appraisals, during which they and their manager discussed their performance in the role, training completed and future development needs. Staff felt they received good support from the manager in order to carry out their roles.

Staff had received training and guidance relevant to their roles. Training records evidenced that all 47 staff had attended moving and handling training and infection control training, 27 out of 35 care staff had completed training regarding pressure area care. A basic health and safety training was taking place during our inspection. There was a rolling programme of training planned throughout the year. Course fliers showed that staff had been offered opportunities to attend courses on conditions such as diabetes, dementia, nutrition and other common conditions. Training records evidenced that 30 out of 35 care staff had attended dementia awareness training. People received care and support from staff that had been trained to meet their needs.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that if a person wasn't able to make a decision, a best interests meeting would be held with the person and relatives, advocate, local authority care manager and GP. This showed that decisions were made lawfully. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. None of the people living at the home were currently subject to a DoLS. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

We observed that staff gained people's consent before delivering care. All the records we viewed contained an assessment of mental capacity, which was signed by the person or their relative. Staff were aware of the person's cognitive ability and capacity to make less complex decisions. We found that one person's care records showed they had capacity to make decisions and staff confirmed this. However, the person had returned from hospital with a 'Do not attempt resuscitation (DNAR)' order in place which detailed that they didn't have capacity. Senior staff were concerned about this and advised that they would talk to the person it related to and support them to challenge the DNAR. There were consent forms in place for the use of photographs, whether the person wished to hold their own room keys, and also for the sharing of medical information with other healthcare professionals such as doctors or nurses. People were able to make their own decisions or be involved in decisions about their care.

People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives. For example, one person had ham, egg and chips for their lunch as they didn't like chicken curry or corned beef hash. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration.

Good

Is the service effective?

There was plenty of food in stock. This included fresh fruit and vegetables, meat, tinned food, dried food, frozen and dairy foods. We saw that appropriate foods had been purchased for people with a specific dietary requirement such as diabetes, gluten free diets, vegetarian and culturally sensitive food. The cook had a good understanding of how to fortify foods with extra calories for people at risk of malnutrition. Nutritional needs and food likes and dislikes had been recorded within people's care files. The cook had copies of the relevant information and used these to provide the foods people liked and needed.

The menu was clearly displayed on the wall in the dining room. The cook explained that the home had a summer menu and winter menu. The menu was a rolling four week menu which meant that people were offered a good variety of food which was tailored to the seasons.

When people required their food and fluid intake to be monitored this was being done regularly and consistently by the staff. We noted that the normal or expected amounts of fluid that each person should drink each day were not noted on care plans or fluid charts. We spoke with the registered manager about this and they advised that they would add this to people's care plan to make it clearer for staff. Staff understood the importance of providing extra calories to people that were at risk of weight loss. People were offered snacks such as biscuits, chocolate, fruit and cake during the day. We observed one person living with dementia who walked with purpose around the home. This person was offered extra snacks throughout the day to ensure they had enough to eat and drink to maintain their health and wellbeing. People had been weighed monthly to monitor if they gained or lost weight and action was taken as a result of these checks.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People confirmed that they were seen by the GP when they needed it. A GP who had regular contact with the home gave us positive feedback about how the staff and managers communicate with them. Records evidenced that staff had contacted the GP, district nurses, the hospice, social services, community psychiatric nurse and relatives when necessary. The district nurse told us "Generally I think the staff are very good here". Records also evidenced that people received treatment regularly from the chiropodist, dentist and had regular opticians appointments. People received effective, timely and responsive medical treatment when their health needs changed.

Staff told us that they used a communication diary to inform the district nurse team of any issues they required nursing support with, for example, a diabetic person who required regular insulin injections. We saw the diary, and noted that staff used it to request district nurse referrals for a variety of issues, for example wound dressings, pressure injuries or medication. We saw that the district nurse visited the home to administer an insulin injection. The district nurse told us that they checked the skin integrity assessments completed by staff if they had any concerns, but they found no concerns with pressure area care at the home.

Good

Is the service caring?

Our findings

People said the care delivered was good and all thought the staff were nice people, kind and respectful. We observed that care delivered was sensitive. Staff interacted well with people when in their company and used their preferred names. People told us, "The staff are very kind and thoughtful"; "They are all very pleasant, caring and thoughtful" and "The staff are very good, most of them are absolutely marvellous".

Relatives told us that staff were very kind and caring. One relative told us, "I'm very happy with things, they are respectful to mum". Another told us, "They are very good to her". Another relative told us that staff exercised respect, "They close her door when in the room". The GP told us that staff were "Caring, sensible and helpful".

Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them.

Many staff had worked at the home for a number of years and knew people well. People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past. The GP confirmed that some staff members had worked at the home for a long time and knew people well. People and their relatives had been involved with planning their own care.

Staff knew people well, they responded to people's requests and offered them choices. Staff knew what people were able to do for themselves and supported them to remain independent. One staff member told us that they supported people to have choice and control over their lives. They gave examples of offering people choices of drinks, asking if they liked something done in a certain way and encouraging people to be mobile.

We observed positive interactions from staff when supporting people throughout our inspection. We saw a staff member reminding one person of their hairdresser's appointment, and helping them to find the way to the in-house hairdresser. Another staff member responded to a person living with dementia who wanted to have a walk around the garden.

Staff treated people with dignity and respect. Privacy was observed. For example, staff knocked on people's door before entering. One person needed some personal attention in the main lounge, staff used a screen to protect the person's dignity and shield the view of other people in the lounge. People told us, "They do treat me with dignity when attending to me"; "They definitely respect my dignity" and "They knock on my door and they shut it when helping me".

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. A relative told us that confidential information was always discussed away from others.

People told us that they were able to leave the home when they wished. They gave us examples of going to the shops, the betting shop, library and going out for a walk. People that needed support from staff to go out in the community also had the opportunity to do so. We observed that people were able to come and go as they pleased, staff were responsive to people's needs and ran errands for people who were not wanting to go out such as purchasing lottery tickets and putting a bet on at the local betting shop.

People had their spiritual needs met. Several people visited their local church on a weekly basis and other people were supported by staff to go to church. Each person had a care and assessment folder, which included a wellbeing and spiritual needs assessment. This gave information on the person's religious and social beliefs, favourite hymns or spiritual songs.

Relatives told us that they were able to visit their family members at any reasonable time. One relative explained that they visited their family member at different times of the day and they were always made to feel welcome and there was always a nice atmosphere.

Good

Is the service responsive?

Our findings

People told us that they thought the care was focused on their individual needs. We observed activities taking place during the inspection. People told us that they could join in with activities if they wanted to. People said, "I think I get the care I need"; "I don't do much in the way of things to do. I prefer watching my own TV", "I take part in the activities if I fancy it"; and "Life is good, I can't fault the care here". People knew how to make complaints if they needed to. One person told us that they had "Only one grumble, the banging of doors at night, most nights" and "I've no other complaints but I feel they could sort a problem out".

Relatives told us they had been involved with their family member's care planning. One relative said, "Mum's care plan was drawn up, my wife did it" and "We can visit at any time". Another relative told us, "There are plenty of things to do".

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. The district nurse confirmed that staff completed a full initial assessment, and we saw evidence of this in all of the care and assessment folders we reviewed. People's care records contained care plans, risk assessments, and care reviews that had been signed by the person whose care was being reviewed. The care plans included information on; personal care needs, medicines, leisure activities, nutritional needs, as well as people's preferences in regards to their care. Relatives told us that they were involved with reviewing their family members care on a regularly basis. Staff had up to date, relevant information to enable them to provide care and support.

People were engaged with activities when they wanted to be. During our inspection, we observed that a quiz activity took place. The questions were on general knowledge; the activities coordinator told us that the questions were chosen to improve people's memory retention. Sixteen people took part and a similar number of people enjoyed a movement to music activity later in the day. People were involved in other activities in the daily running of the home. For example, we observed staff working with people to arrange fresh flowers in vases for each of the dining room tables. Staff sought out people who were not engaged in other activities who might like to help with flower arranging. This ensured that people took part in planned and unplanned activities to keep them stimulated. Activities were advertised on notice boards in the home. The activities available at the home, included quizzes, board games, arts and crafts, outings to the local area or to the seaside, and musical events. People received care which met their individual social needs.

There was a notice board for people and relatives, which provided useful information and advice about the service, planned activities and details of the Care Aware helpline. This helpline gave free advice and guidance on care fees and funding.

Care and support was provided as planned. For example, staff had identified one person to be at risk of social isolation. The care and support tasks included encouraging the person's interests, which included playing the piano. We saw that the person played the piano in the activity lounge at various times during the inspection.

Each person's care and support dependency had been assessed and reviewed regularly. The dependency tool detailed whether the person required medium, high or total support. There were risk assessments for specific activities, for example transferring a person from a chair to a bed. These included any specific aids such as a hoist which would make the activity safer for the person and staff.

The service had a complaints process in place and information had been given to people about how to make a complaint. The information included contact details for the director of care at the provider's head office. Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager. There had not been any complaints. People had been given adequate information on how to make a complaint.

Good

Is the service well-led?

Our findings

People were mainly complimentary about the management and the staff. The manager was liked and most people felt she was approachable. People told us, "The manager here is very good. She takes everything in her stride"; "I could go to the manager at any time" and "The manager is always around". People also told us, "I think the Home is run well"; "At the weekend there is a lack of management" and "The place seems well run". One person told us, "I can say something to the management and they would sort it out".

Relatives told us the management seemed approachable and would sort out any issues and that the staff worked as a team. One relative said, "The manager is approachable" and "The manager has asked us about trips out". Another relative told us, "The home is well run; they've created a nice atmosphere. It always seems calm" and "The manager is good and seems to be organising things". Relatives told us that they were kept up to date with changes, such as when the new registered manager started.

The home had strong links with the local community. Raised flower beds had been installed in the garden to enable people in the home to plant and grow flowers. The registered manager explained that community members had been involved in building the beds.

Staff told us that the registered manager and senior care team were very approachable. One staff member said "The manager and senior carers have an open door and they don't judge". Another staff member told us, "I had a concern which I raised in the past with a senior carer and they dealt with it very quickly". Staff were confident that any issues they raised would be dealt with promptly. One member of staff told us that they had been given an information pack when they started work which included information about whistleblowing and detailed the telephone numbers to call. The Whistleblowing policy was clearly displayed on the wall of the staff room. This provided guidance to staff on how to whistle blow and detailed telephone numbers to do this, which included external organisations such as The Care Quality Commission (CQC).

The leaflet advertising the home listed the philosophy of the home as 'Focused on enhancing the quality of life for residents through companionship and support within a secure environment. We achieve these ideals by putting residents first and responding to individual needs, promoting diversity, dignity and respect'. The registered manager and all staff demonstrated throughout the inspection that these values are embedded into everything they do.

Communication was good within the home. Staff we spoke with all confirmed this. A local authority care manager told us that the home kept in contact with them particularly when there were any concerns or incidents that they needed to be made aware of.

People's views, feedback and experience had been gained in the form of a survey which had been completed in 2014. There was a report available from the most recent service user survey. The report included comments received about the service, and any action taken to address them. For example, one person commented "The garden is featureless". The registered manager told us that the garden had recently been landscaped to provide a raised bedding area, to encourage people to use the garden more. Meetings were held regularly for people to discuss any issues of importance to them, and we saw minutes from the two most recent meetings. Discussion topics included menu changes and suggestions for movie afternoons. We noted that the suggestions had been incorporated into the weekly menu and the activity programme. People could be confident that their comments and suggestions would be addressed.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, Deprivation of Liberty Safeguards (DoLS) authorisations, safeguarding, any deaths and if they were absent from their role. The registered manager explained that they had good support from their manager and the provider. They receive monthly supervision meetings, monthly managers meetings, which enables them to link up with other registered managers in the organisation to gain and provide peer support.

There was a structured system in place to ask people, their relatives and staff for their views about the service and act upon them. The provider operated an effective system to regularly assess and monitor the quality of the service provided. This included regular monitoring of the environment and the care provided by staff.

Good

Is the service well-led?

The senior staff checked all daily records of care each shift, and any discrepancies were discussed with the relevant staff member, or brought up during their supervision sessions. There were regular staff meetings, during which topics discussed included staff attitudes, new activities, new equipment and current vacancies. We noted that items raised at the previous meeting had been addressed, for example, new ways to document care provided. Staff were able to discuss any issues within the home, as well as ensure that there was consistency in the ways of working.

The provider had a system for checking the quality of care provided. The home was inspected by a manager from another home in the corporate group, and the report included any recommendations for improvement. The inspection included interviews with people at the home, staff, review of records, a tour of the premises, and observation of interactions between staff and people. Two reports from 2014 were seen, and all agreed recommendations had since been completed. The registered manager told us that they conducted unannounced visits to the home, but these were not documented. The home was subjected to scrutiny from within the provider group.

Policies and procedures were in place. These had been developed by the provider and were in the process of being reviewed as some of the policies had not been reviewed and updated within the timescales set by the provider and policy owner. Policies and procedures were available for staff to read in the staff room, the offices and available to staff on the computer. Staff signed and dated when they had read the policy to evidence that they were aware of the policy and its content.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **A full employment history had not been gained for all staff employed as required under Schedule 3.** Regulation 19 (3) (a)