Applegarth Home Limited

Applegarth Residential Care Home

Inspection report

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Tel: 02476338708

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection on 12 September 2016.

The service was last inspected in June 2015 where we found improvements were required in the management of the home, risks management and care recording. We also had concerns about the management of medicines, and how people, who lacked capacity to make decisions, were supported. We asked the provider to take the necessary steps to ensure the required improvements were made. At this visit we found improvements had been made in all these areas.

Applegarth Residential Care Home provides care for a maximum of 25 people. At the time of our inspection there were 19 people who lived at the home. Some people stayed at the home on a short term basis when leaving hospital, with the aim of returning back to their own homes.

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 2008 and associated Regulations about how the service is run. The registered manager had been in post since February 2016 and registered since June 2016. We refer to them as the manager in the body of the report.

Care plans contained information for staff to help them provide personalised care, were up to date and accurately reflected people's care needs. People and relatives were involved in reviews of the care provided.

People told us they felt safe living at the home because staff came quickly when they requested assistance, and offered them reassurance when required. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff were effective in identifying risks to people's safety and in managing these risks.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to reduce the risks of unsuitable staff working at the service. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and people were given a choice in relation to how they spent their time.
Staff encouraged people to be independent, and people had gained increasing skills and confidence in their daily lives.

People received medicines from trained staff, and medicines were administered safely.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making, which included arranging further support when this was required. The manager had arranged for the correct assessments if they felt people may be being deprived of their liberty.

People had enough to eat and drink during the day, were offered choices, and enjoyed the meals provided. People were assisted to manage their health needs, with referrals to other health professionals when required.

People had enough to do to keep them occupied and staff tailored activities to people's individual interests. Staff supported people with one to one social stimulation if this was their preference.

People knew how to complain and could share their views and opinions about the service they received. There were formal opportunities for people to feedback any concerns at meetings and through surveys.

People were positive about the changes in management of the service and the improvements which had made to the environment.

Staff told us they could raise any concerns or issues with the managers, who were approachable and responsive. There were formal opportunities for staff to do this at meetings and one to ones.

There were processes to monitor the quality of the service provided. There were other checks which ensured staff worked in line with policies and procedures. Checks of the environment were completed and staff knew the correct procedures to take in an emergency.

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 received their medicines correctly from trained and competent staff. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks relating to their care and how to minimise these.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs. Staff referred people to other professionals if additional support was required to support their health or social care needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. Relatives told us staff were caring. People were encouraged by staff to be as independent as possible and given choices about how they spent their time. Staff ensured they respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received a service that was based on their personal preferences. Care records contained detailed information about people's care needs, preferences and routines. There were enough activities available to keep people occupied. People had the opportunity to complain and the manager responded to

these concerns to people's satisfaction.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were positive about the new managers and the improvements which had been made at the home. Staff felt supported to carry out their roles, and considered the management team to be approachable and responsive. There were effective systems to review the quality and safety of service provided.

Applegarth Residential 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 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.

The inspection took place on 12 September 2016 and was unannounced. The inspection was conducted by two inspectors.

Before our visit we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.

We spoke with the local authority commissioning team. Commissioners are people who contract services, and monitor the care and support when services are paid for by the local authority. They made us aware of a recent visit and some recommendations from this.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and it reflected the service we saw and improvements made.

During our visit we spoke with seven staff, including one member of care staff, two team leaders, the cook, the deputy manager, the registered manager and the regional manager. We also spoke with five people, two relatives and one professional. Some people at the home were not able to share their experiences of the care with us. We spent time observing care in the communal areas.

We reviewed four people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "Yes, I feel safe. If I press my bell they do come and help me," and, "I feel safe; it's nice to have company, so I am not on my own."

One person told us the staff provided reassurance to them, "I know most of the staff here; it's nice to know they keep an eye on me. They say, do you need help I don't want you to fall over. I have had falls before and it scared me." They explained having staff close by meant they did not have to struggle getting in and out of bed or getting to the toilet, and this made them feel safe.

Relatives were positive about the care and the safety of their family members. One relative told us, "The only thing I am concerned about is that [person] is safe and cared for and I think they are." Other comments from relatives included, "Yes, [person] is safe. It gives us peace of mind as a family knowing that there are always staff around to help," and, "It's good to know the home is secure. [Person] is vulnerable and would answer the door to people at home, but here they are much safer."

At our previous inspection in June 2015, assessments did not always identify the risks to people's care and how staff could reduce these to keep them safe. At this visit, we found risk assessments were accurate, up to date and staff knew how to mitigate these risks. The managers updated risk assessments and team leaders were being trained to do this, so they were also competent in assessing risks to people's safety.

For example, one person was at risk because their weight was low and action had been taken in relation to this. The person had been prescribed 'fortified' drinks which contained additional calories, and their weight was being monitored. This person was also at risk of skin damage and they were repositioned in bed every two hours to reduce this risk. The district nurse visited each month to check their skin. They were also at risk of falling out of bed. Their care records stated they were to be positioned in a certain way to reduce this risk. Staff were aware of this and they checked the person every hour during the night to ensure they maintained this position. Suitable equipment has been provided to support them with these risks also. All the risks and the actions taken were documented on their care records.

Prior to staff starting work at the home, the provider checked their suitability to work with people who lived there. One staff member told us, "They checked my DBS (disclosure barring service) and got two references before I could start." The disclosure barring service helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. The manager told us that they advertised staff positions, interviewed, then two references and the DBS check was obtained. We checked two staff files and saw background checks and references had been completed.

Staff new to the organisation completed their induction over a period of three days. Staff told us as part of their induction they worked alongside more experienced staff, looked at the policies and procedures and other records required to help them work effectively. Induction training included safety training, such as how to move people safely.

An induction checklist was completed and included reviewing of people's care records, health and safety information and internal policies. We noted some of the policies referred to the previous health and social care regulations. We raised this with the manager who told us they would update this information now.

There were enough staff available to meet people's needs and at the times they preferred. Comments from people included, "Plenty of staff, they are always around," "Staff always here, they pop in to my room and check that I am okay," and "Sometimes I have to wait a few minutes for help, but it's not a problem for me."

There were no staff vacancies, and unplanned absences were covered by the staff team. The service used their own bank staff when needed, but did not use agency staff because they wanted to ensure continuity of care with staff people were familiar with. The manager assessed staffing levels based on people's care needs.

At our previous inspection the provider was in breach of the regulations in relation to safe care and treatment. This was because medicine administration was inconsistent and did not guarantee that this would be administered correctly. Records were not always completed and medicines were not always stored and disposed of safely. There was no a clear system in place for medicine to be given at night without the manager administering this.

At this visit, we looked at how medicines were managed and found they were administered, stored and disposed of safely. Records had been completed correctly and staff at night were now trained to give medicines. Comments from people included, "No problems with tablets, the girls make sure I take them," "I have a pain relieving patch; it gets changed every few days," and "My tablets are on time every day."

One staff member told us, "We have a medication room now, this is much better, it is much more organised, stock is kept in the same room." Medicine was dated on opening to ensure it remained safe to use and stored correctly. For people that needed medicines on an 'as required' basis, guidelines were in place to tell staff when to administer these if people could not say. Further safety checks of medicines had been completed by the clinical commissioning group.

Staff explained to people about their medicines before administering this. We observed a staff member explaining to one person what their medicine was for and what it would do. One staff member told us what they would do if a person refused medicine, "[Person] will refuse sometimes, we try to encourage them, we can't force them. They are a lot better now."

Medicines were checked by the management team to identify any errors. We saw one medicine that required special storage, had not been counted correctly when the stock was checked. We discussed this with the deputy manager who corrected this and told us they would raise this with the staff member.

All staff were trained to administer medicines. This training was completed during induction and then further checks were completed to ensure staff remained competent to give this. One staff member told us, "Checks are done by the deputy manager around once a week." The manager asked staff further questions around this during one to one meetings and observations of staff were also completed.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. At our previous visit staff felt they were unable to raise any concerns with the manager and if they did, they did not feel confident that these would be followed up. One staff member told us, "There is no worries about whistleblowing now. I would raise issues straight away. Before you could not." Another staff member told us, "Abuse can be verbal, physical, financial, emotional. We have whistleblowing policy. You could raise it

with the manager or approach CQC." All staff had received training in safeguarding and how to raise concerns to keep people safe.

Staff were aware of the procedures to take in an emergency and if the home required evacuation. One staff member told us, "In the case of a fire we would raise the alarm. We would assemble in the car park." Staff knew how to assist people safely in this situation. Personal emergency evacuation plans documented how to move people safely and how people should be supported by staff in this situation. These documents had been reviewed each month.

Checks of environment safety had been completed and were up to date. The fire risk assessment was dated July 2016. Alarm system had been safety tested in April 2016. Emergency lighting checks were completed monthly. Accidents and incidents were recorded for each person. Incidents were reviewed to identify any patterns to prevent them reoccurring. A maintenance service was available if any repairs were required.

The environment remained safe as keys, such as of the medication room, were locked away and could only be opened by the team leaders or manager. This meant that only authorised people could access these and this further ensured people were kept safe. One staff member told us, "Everything is locked away, residents are safe. The equipment is all checked, the wheelchairs, hoist and stair lift."

However, during our visit we noticed some toiletries were left in communal areas. This posed a risk to people of cross infection should they be used. There was also a risk to people who lived with dementia, who may have tried to consume these. We had been made aware of a previous safeguarding incident of this nature, however on the day of our visit these items remained accessible. We discussed this with the management team who removed and locked these items away.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. Comments from people included, "The staff are better now, these ones know what they are doing, and that's good." One professional told us, "There has been a lot of improvement, staff seem to know more and are very knowledgeable." Since the new manager had been in post and there had been new staff appointed, staff had received further training to support them to keep people safe and to do their jobs effectively.

Staff received training suitable to support people with their health and social care needs. One person told us, "Staff go on courses and tell me they have learned about first aid and using hoists." One relative told us, "The staff seem to be trained. I have confidence in their abilities."

The manager told us, "We have in house and external training, we also do some e-learning as well (on a computer)." They went on to say, "Most of the staff are new, we have trained them and they are very good staff." Training was completed in areas such as food hygiene, fire awareness and falls prevention. The management team kept a record of training completed and when it was next due, to ensure that people remained up to date with their skills.

Staff told us they had completed training to support their knowledge and understanding in working with people who lived with dementia. One staff member told us, "I have just completed my level two qualification. They wanted to know what activities we would do for people with dementia. We learned about medication with dementia. How you would give this if someone was refusing it. You would leave, then go back. Also how to talk with people, be nice and quiet. It is a very good course."

All new staff completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

A staff 'handover' meeting was held each day as the staff shift changed. This provided staff with an opportunity to share information about people's health or well-being. This meant staff new on shift would know if any changes had occurred since they last worked. We were present at the meeting where the deputy manager discussed each person's welfare, visits from professionals and allocated staff duties. Team leaders and night staff also used communication books to pass on important information.

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. The deputy manager told us around half the people at the home had a diagnosis of dementia and lacked capacity to make some decisions.

The provider had trained their staff in understanding the requirements of the Mental Capacity Act (2005). One staff member told us, "The Mental Capacity Act covers everyone aged 16 and over. It is relevant to

everyone and is to aid us to keep our own identity, who we are, so we are not 'pigeon holed'. You can't force someone to do something. People must have a choice." Another staff member told us, "Under the Act, if people can't make decisions we have to have an assessment for them."

Where people had been assessed as lacking capacity, decisions had been taken by relevant people in their best interests. One person had been assessed as lacking capacity to make a decision around their finances. This had been reviewed in September 2016. A best interest decision had been made with the person's relative. The person could make all other decisions for themselves, and the care plan was detailed and reflected their wishes. Where people had capacity to make decisions, staff respected their rights to make what might be considered unwise choices. For example, one person had been given advice by a healthcare professional which they did not always choose to follow.

Staff gained people's consent before supporting them with care. One person told us, "They ask can I do this, can I do that? I don't mind, I guess they have to check."

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met.

We found 11 of the people who lived at Applegarth Residential Care Home had their liberty restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit all of the applications had been submitted or authorised. One staff member told us about this, "DoLS is a deprivation of liberty, we have an assessment for those people."

Do not resuscitate forms were on people's care records and had been completed correctly to indicate their wishes in this situation and that people had been consulted.

People's nutritional needs were met with support from staff. Comments from people included, I did not like the choices last week, I asked for salad and they bought it to me, I can't complain about the food." One relative told us, "The food looks perfectly fine, they give people constant drinks whether a cup of tea or juice." Where people required their fluid intake to be monitored staff were doing this.

People were asked at breakfast time, what they would like to eat for lunch. Some people lived with dementia and by lunchtime, had forgotten what they had chosen. Some people did not understand the choices offered to them because they could not remember what the names of the dishes they were offered meant. We raised this with the manager who told us they intended to order a pictorial menu so they could show people the options at meal times.

Overall lunch was a positive experience for people, however, due to the layout of the dining room we did not see much social interaction between people. The manager told us new furniture had been ordered so that if people chose to, more people could sit and eat meals together. People were asked where they would like to eat and how much they would like, for example small portions or second helpings.

Staff were aware of people's special dietary needs and how to support them. One person told us, "They ask me can I cut up your food for you, so I don't choke." We saw a member of staff cut up the person's meal for them. Another person was assisted to eat their meal at a suitable pace. A member of staff sat on a low stool by their side. The person could not use speech and they knew the person would keep their mouth closed when they had eaten enough.

For one person at risk of losing weight, the cook knew to add butter and cream to their meals. Food charts were being completed by staff to monitor this, however it was not clear how much the person had eaten as the original amounts of food were not always recorded. We brought to the attention of the deputy manager who agreed to raise this with the staff team.

Staff told us about recent improvements with meals at the home. One staff member told us, "The meals are better now, people are given more of a choice. There is a menu now." Another staff member told us, "Most people need some help with eating and drinking, we give them extra support. They may be slow to eat, but we give them encouragement." A four weekly menu was documented and people had been involved in choosing this.

People were supported to manage their health conditions and had access to health professionals when required. Comments included, "I see the doctor, they come here," and, "The nurse comes about twice a week to see me." The nurse visited on the day of our visit and checked one person's skin. The person told us, "It's good, they tell the carers to make sure they put on my cream so I don't get sore." Other people told us that the dentist and chiropodist came to see them.

Staff worked closely with other healthcare professionals. One professional told us, "[Deputy manager] is very good, they make the referrals usually." One staff member told us, "If we see that anyone needs a doctor we tell senior staff, if necessary an ambulance is called." Visits were recorded on care records. The GP visited weekly or more often if required. For example, one person had become unusually upset with staff and they had identified they may have an infection, which was then confirmed by the GP.

Good

Is the service caring?

Our findings

People were positive about the way staff supported them, describing them as kind and caring. Comments from people included, "Staff seem to care, and they do ask me how I am," "All of them are caring and gentle, they don't rush me," and "[Staff name] is great, they listen to me."

Visitors to the home told us people were happy because of the approach staff took. One relative told us, "I have never seen anyone be anything other than caring. I can approach anybody here. They have always got time for you, nothing is brushed off." Another relative told us, "Staff are all caring, they know people and that matters."

People were supported by staff with celebrations at the home. One person told us, "We have birthday cakes and sing along when it's someone's birthday. It's nice." They explained they had recently had a birthday and had received cards and the cook had made them a cake which they shared with everyone.

We observed staff showed people kindness during our visit. A staff member gave one person several hugs in the lounge and the person responded well. We observed staff were friendly when speaking with people and gave them time to answer questions. We saw staff supporting people to take their medicines, gently encouraging them, and with kindness.

Staff told us their colleagues were caring and there had been improvements in relation to this. Many of the staff at the home were new in post. One staff member told us, "Since the changes have been made at the home, the residents seem so much happier. People here are like your second family. If we are concerned about anything we speak with [deputy manager] or [manager]." Another staff member told us, "We try with people to build a good friendly relationship and win their trust." The manager told us, "Staff are very caring here; things have really improved over the last few months."

People were encouraged to keep in touch with their families, and there were no restrictions on visiting times. One relative told us, "Staff all seem attentive, and I feel welcomed whenever I visit." One staff member told us, "Sometimes families are involved and we have good relationships. They might support someone with eating their meals for example."

One relative told us that their family member had fallen at the home and staff had called them straight away about this. Then staff visited the person while they were in hospital. The relative told us, "[Staff] phoned me after the visit to feedback, it was a nice personal touch."

Staff supported people with privacy and dignity. One staff member told us, "In the morning we shut the curtains and the door. We talk nicely to people, smile, make sure they are comfortable and give them time and a choice." One person told us, "Yes, they are respectful they call me by my name and are polite to me." This person liked to be called by a certain name and this was important to them as this was their 'pet name' when they were a child.

People were encouraged to be independent. One person told us, "I wash my own hands and face, I can manage that." Other comments included, "They remind me to use my Zimmer, I can walk with that," and, "They say, 'come on, you can do it' when I am having a bad day." A bad day was when they felt their legs were weaker.

One person had come to the home and on admission they required the use of a hoist, as they were unable to stand. With support from staff the person had now progressed and the hoist was no longer required. One staff member told us, "We encourage people to walk more if they can't, to eat and drink themselves and to join in with activities."

People were supported with decision making if this was required. Some people used advocacy services in relation to their communication needs and management of finances. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

People were allocated a named worker they were familiar with, called a keyworker. One person told us, ""I have a keyworker and we have meetings with the manager." The manager explained this role was to make sure rooms are tidy, check what clothes are needed, call families and make sure people have gifts for birthdays.

People's rooms were individualised, contained people's own personal items and furniture. People were encouraged to make these comfortable to suit their needs and preferences. The manager told us, "We have been decorating, and people can choose the colours of their rooms they would like. People bring in their own furniture." One person was swapping their room over as another room had become available, which they preferred. Another person chose to spend most of their time in their bedroom. They told us this was because they liked the colours and the big windows which let in plenty of natural light.

Good

Is the service responsive?

Our findings

People were positive about the support they received as staff knew them well. Comments included, "Staff do listen to me, and do things the way I like" and, "They seem to know me well; they know what I like to eat." One relative told us, "They seem to know them, they tell them what they need and staff help them."

People were content with the home and care provided. Comments included, "It's fairly quiet here; I don't like too much noise so I feel it's peaceful for me," and "I am happy with my care here."

People were assessed when first coming to the home to ensure staff could meet their needs. This was identified by using a dependency assessment, which the manager reviewed each month. The manager told us, "I am training [Team leader] to do the assessments." Senior staff updated staff about the care people required.

Many of the people at the home were living with dementia and staff were aware of how to support them. At our previous visit staff lacked confidence in supporting people living with dementia. One staff member told us, "With dementia it is about loss of memory, we would look at the person and provide more care, be patient and listen to them." The manager told us, "I was planning to get more posters and some further dementia friendly activities for people, such as photos to show people."

Care records were up to date and documented people's care needs, routines and preferences. Records were kept in people's rooms so they were accessible for people and staff. These were reviewed by the management team each month or as people's needs changed.

People had been involved in planning their care and signed their care plans when appropriate. One person told us, "They have a book all about me, they write things down, and they do show me."

People's life stories were recorded, so staff were aware of people's backgrounds and how to care for them in the ways they preferred. People's religious needs were documented, their preferred names, and if they had any gender preferences of staff that supported them. Staff worked to this documentation.

Care records had been correctly completed by staff. For example, one person was at risk of choking and we saw they had been referred to a speech and language therapist in March 2016. The assessment was recorded and had been reviewed in June 2016. The person's drinks required thickening and staff were able to tell us about this. This information was recorded within the care record and also documented in the kitchen.

People were supported by staff in the ways they preferred. Comments included, "They get me out of bed. I sit in the chair in the afternoons; they put me back in when I am ready. I don't like to sit out for too long," and "They check me at night; they ask are you ok, do you want a drink, are you comfy."

People were involved in reviews of their care with their relatives if this was appropriate. The deputy manager

told us, "I do reviews involving people and their families." One person told us they had been involved in meetings about their care with their daughter present and they were asked their views about the care.

At our last inspection people had limited opportunities to undertake activities. During this visit we found there were enough social activities to keep people occupied. An activities co-ordinator was employed by the home, however this person was currently absent. Another member of care staff was covering their role. Comments from people included, "I enjoy the quizzes about animals and capital cities, it keeps my mind sharp." "There is enough to do, we listen to music and talk about the old days, and it makes me think back to how things used to be." "Activities are good; we can do different things with the staff." One staff member told us, "We had a huge Christmas party and a garden party. It has changed for the better."

People had recently joined in a flower arranging session, and a garden party had taken place in August with people's friends and families invited. Photographs were on display from both days. One person told us, "We made cakes and had a barbecue, it was a lovely day." People and families had raised some money at this event. A letter displayed by the manager explained money raised was going to be used to fund a day trip. A suggestion box was available for future fundraising ideas.

During our visit we saw people taking part in a quiz. In the afternoon people and staff danced together in the lounge. People were supported to access activities based on their interests and hobbies. One relative told us, "I don't think people realise how much [person] loves that 'pat' dog. Also the choir and singing, there are more activities." The manager told us, "We look at people's life histories. Some people enjoy cooking and we have had sessions where people make pizza bases."

One person was unable to read due to sight loss and so some audio books had been arranged. One person enjoyed gardening and some raised beds were planned for the garden area so they could be involved with this. A religious service was held monthly for people. Other activities scheduled for people included music and movies, arts and crafts and skittles. Staff arranged trips to go out with people to a local memorial park and gardens.

People were supported socially on a one to one basis if they preferred. One person did not want to get involved in group activities, however enjoyed talking to staff. One staff member told us, "I go in and chat with people, we have the music on."

We looked at how complaints were managed by the provider. The manager told us, "I have not received any written complaints." People were given a complaints policy which explained how to complain. One relative told us there had been a small issue where their family member had received back from the laundry someone else's clothes, however this had been addressed. They told us, "I think this has improved now, they have baskets in the laundry with people's names on."

Six informal concerns had been recorded and acted on. These ranged from comments about the food, to staff ensuring one person wore their glasses. Actions taken were also recorded and the manager told us any complaints would be recorded showing actions taken and the responses sent to the complainant. One staff member told us, "We have a good relationship with families, we listen if they have any concerns. The families know if there are any complaints they can go to [manager]." They told us there was a complaint form and people felt the manager would listen to them.

Compliments were recorded and seven thank you cards were displayed. Comments included, "Thank you for being so caring," and "I appreciate all of your hard work and care, it meant so much."

Good

Is the service well-led?

Our findings

At our previous inspection in June 2015 the provider was in breach of the regulations in relation to good governance. This was because care records were not detailed or kept up to date. Medicines were not being stored safely. Staff did not feel they could raise concerns with the manager. People could raise complaints, however we were not sure these were acted on. Safety records were not always completed. We had not been made aware of all the notifications they were required to send us.

At this visit we found improvements had been made in all these areas. People were happy with the management of the home and complimentary about the recent changes made. Typical comments included, "They are very approachable, [Manager] will always listen." "Yes, the manager comes to speak to me when my family visit, very pleasant." "Deputy is so lovely, a real sweetie."

Other comments from people included, "The home has improved under the new management" and "The home is calm and pleasant."

The management team consisted of the provider, a registered manager and a deputy manager. The manager told us, "Staff needed guidance and direction from managers. We have that in place now, it's better for the residents." They explained they had moved their office from the first floor to the ground floor so they could have a clearer overview of how people were being supported.

The deputy manager told us, "Before the home was not very good, I think the staff here, are a lot more caring now, there was no organisation before." They told us about the changes they had made such as carrying out observations of staff care practice every two months, and completing audits for care records and medicines. They added, "We still feel there is a lot more we can improve on." The registered manager and deputy manager were supported by a manager from one of the providers other services who had assisted them to make the improvements at the home.

All staff were positive about the recent changes that had been made such as new staff, changes to the environment, new management systems and improvements to care records and medicines. One staff member told us, "The whole atmosphere had changed now. It is like a completely different home. It is changing all the time, there was not any structure before." Another staff member told us, "The deputy is a good support, if we have a problem, they help, they are good." Another staff member told us, "The home is a million times better, everything is confidential now and much more professional."

People were positive about the changes to the home environment. One person told us, "It's better now, we have new tables and new chairs, new flooring, and it's less slippy, so I don't fall over." One staff member told us, "It's changed here, it's absolutely lovely. There has been lots of decoration, it is completely different." Staff told us there had been new furniture, decoration and bathrooms were being refurbished.

Staff told us the new management team were approachable and they were positive about the support they received. One staff member told us, "I think the home is run well, the manager is very approachable, they will

encourage staff every time." One staff member told us, "The home is better run, if you have a problem [manager] deals with it straight away." The manager told us, "We try to give staff as much support as possible. I am still here until 6.30pm, but now this is reducing and we have two seniors."

Staff had formal opportunities to meet with managers at team meetings and in one to one meetings. One staff member told us, "[Deputy] or senior staff hold meetings with you. It is useful in this forum, we can sort things out, discuss any issues and talk about improvements." One to one meetings were being held every two months. Appraisals for staff were completed annually.

One staff member told us, "In the team meeting you can give your suggestions, they give you proper time and listen, the managers take action." At a staff meeting in June 2016, staff were reminded to offer visitors drinks and that cleanliness of the home was everyone's responsibility. Staff were also thanked for their hard work.

The management team sought feedback from people and relatives to identify where they could make improvements. One person told us, "We complete questionnaires to tell them what we think about things." From the 2016 surveys, 16 responses had been received from people and their families. Information had been collated and analysed, and survey results were displayed in the home. Overall people were happy. One person was dissatisfied with the food and the lack of choice on the menu. We saw the manager had taken action and had discussed the quality of the food with the cook and people had contributed ideas for food they would like to see added to the menu. This resulted in new food menus being produced.

Meetings for people and their families were held twice a year and a coffee morning was held every two months. The manager told us, "I speak with people every day to see if there are any issues." At the relatives meeting in April 2016 families were asked if they felt the changes made were beneficial to people, and families were happy with the progress being made.

Audits and checks of the service were carried out by the management team to ensure staff were following policies and procedures. These included checks of records and audits. For example, call bell audits took place each month to check bells were working and accessible to people. A memo had been sent to staff in July 2016 to remind them to ensure people could reach their call bells at night.

The manager acknowledged there had been challenges in making changes to the home. They had expected a challenge because of the problems the home had faced, and some of the previous staff group did not want to change their routines and culture. They told us they were pleased with the changes, "Now I can see things at the home have settled well. It is tidy, families are happy, people are well looked after, I personally check and make sure how and what we are doing."

Plans were in place to improve the service further. New furniture had been ordered, new flooring laid and improvements had been made to the outside storage area. Some further improvements were planned, such as possibly adding on some bedrooms in the future.

The local authority commissioning team had visited in the last few weeks. They had recommended that managers completed some further staff observations for training purposes.

The registered manager understood their responsibilities and the requirements of the provider's registration. They were able to tell us what notifications they were required to send us, such as changes in management, events that stop the service and authorisations of DoLS. We had received the required notifications from them.

It is a legal requirement for the provider to display their ratings so that people are able to see these. We saw these were displayed on a notice board in a communal area, however these were not conspicuous. We asked the manager about this and they told us they would ensure people were able to see the ratings displayed.