Howson Care Centre Limited

Howson Care Centre

Inspection report

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Date of inspection visit: 11 August 2015
Date of publication: 03/12/2015

Ratings

Overall rating for this service	**Requires improvement**
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?	**Requires improvement**

Overall summary

We inspected Howson Care Centre on 11 August 2015. This was an unannounced inspection. Our last inspection took place on 17 September 2014 and the service was compliant. The service provides care and support for up to 83 people. When we undertook our inspection there were 78 people living at the home.

People living at the home were a mixture of ages. Some people required more assistance either because of physical or psychological illnesses or because they were suffering from memory loss. People had a choice of four units to live in and suggestions were made by staff as to the right type of unit which would meet people's needs.

There was a registered manager in post. 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.

Summary of findings

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. There were three people subject to such a DoLS authorisation.

We found that there were insufficient staff to meet the needs of people using the service. The provider had not taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period. The deployment of staff when someone required one to one care was poor.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. And meals could be taken in dining rooms, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home. Quality checks had been completed to ensure services met people's requirements. However, actions from those checks and from surveys and staff meetings had not been followed through. Therefore we did not know whether staff had learnt lessons from quality checks and were ensuring a quality service was given at all times.

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 not consistently safe.

Checks were made to ensure the home was a safe place to live.

Insufficient staff were on duty to meet people's needs when extra assistance was required and for absenteeism.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely and were in a clean environment. Record keeping and stock control of medicines was good.

Requires improvement

Is the service effective?
The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Good

Is the service caring?
The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Good

Is the service responsive?
The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Activities were planned into each day. Staff had recorded if people did not want to pursue individual interest or hobbies.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Good

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

Checks were made to review and measure the delivery of care, treatment and support against current guidance. However, there was little recording of actions taken and lessons learnt from events.

People were relaxed in the company of staff and told us staff were approachable.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

Howson Care Centre

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 11 August 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed other information that we held about the service such as notifications. These are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority and NHS who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with 16 people who lived at the service, ten members of the care staff, a cook, two administration staff and the registered manager. We also observed how care and support was provided to people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at 13 people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, staff training records, complaints, audit reports and questionnaires which had been sent to people who used the service

Requires improvement

Is the service safe?

Our findings

People told us their needs were usually being met and staff were available to meet those needs, but at times the staff appeared rushed. One person said, "It's ok, but staff don't have time to stop and chat." Another person said, "Sometimes staff ask if I'd like to get up, but I don't' want to. I am sure it's because they have so much to do. It's annoying." One person said, "They help me a lot." Another person said, "I am looked after properly here."

Staff told us there were adequate staff on duty to meet people's needs, but it was sometimes difficult when there was short term sickness, staff vacancies and holidays. Staff told us this meant they were stretched at times, especially if some people required one to one care. One staff member said, "There has been some sickness today and staff have been deployed which has made it harder." Another staff member told us the staffing rota that day was not typical. This was because a staff member had to be deployed to another unit and some staff were on trips with people who used the service. This meant staff were stretched across two of the units.

We saw in one unit that a person required one to one care throughout the day. There was no system in place to identify who would be watching that person, but staff ensured someone undertook this task. Staff told us in another unit that a person required one to one care, but they were sometimes stretched to provide this if staff were deployed to other units. The person was not on the unit during our visit.

We saw on the staff rota the numbers of staff listed reflected the staff on duty that day. The registered manager showed us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. There was no indication of when this had last been updated. At the last inspection we identified there was no system in place for covering absenteeism and this was still the case. Staff told us they rarely used agency staff and managed each situation as it arose.

The nurse trained member of staff covered three areas of the home and was supported by staff that had been trained to National Vocational Qualification level 3. This meant certain tasks, for example, some medicines which required to be on a specific register and complex wound dressings could only be completed by the trained member of staff.

We observed them working between the units continually during the day. In one unit we saw staff observing people, but only occasionally sitting and engaging people in conversation. Staff told us the system worked, but they felt rushed at times and the working day was always busy.

People told us they felt safe living at the home but sometimes other people's behaviour was challenging to them. They told us staff made the environment safe and monitored people whose behaviour was challenging. One person said, "It can get noisy sometimes when people shout, but I always feel safe." Another person said, "I have been here a long time. The staff know me well."

Staff were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right route to safeguard people. Notices were on display in staff areas informing staff how to make a safeguarding referral. Staff said they had received training in how to maintain the safety of people who spent time in the service. The training matrix confirmed that all staff had received safeguarding training in 2014 and 2015.

To ensure people's safety was maintained a number of risk assessments were completed for each person and people had been supported to take risks, for example, where someone's behaviour required monitoring. The assessments encouraged staff to understand the cause of the person's distress and how to deal with it as each occasion arose. Where someone had falls on a frequent basis, a falls risk assessment and care plan was in place. This gave instructions to staff on how to assist a person to maintain their independence whilst watching them mobilise around the building. One person told us how staff had watched them making a hot drink, which they could now do on their own. This was in their care plan.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. The incident reports included what had gone well or not and what could be improved as a result. There was a process in place for reviewing accidents, incidents and safeguarding concerns. This ensured any changes to practice by staff or changes which had to be made to people's care plans was communicated to staff. Staff told us they were informed through meetings and notices when

Requires improvement

Is the service safe?

actions needed to be revised. When other incidents had occurred over a period of time staff had referred those people to other health and social care professionals, such as the community assertive outreach team (CAST).

Plans were in place for each person in the event of an evacuation of the building. These gave details of how people would respond to a fire alarm and how they required to be moved. For example being able to walk unaided. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency.

There was a maintenance plan in place which detailed when parts of the home should be decorated and refurbished. This included people's bedrooms every three years. However, there were no plans of what was intended to be completed in 2015. Some areas of the home were looking tired and the furniture worn. In one unit a couple of doors were wedged open, which contravened their policy in ensuring all areas were safe in the event of a fire. There was very little signage to direct people to their bedrooms, which we observed was confusing for some people.

We did not hear call bells being activated, but we saw them in communal areas and people's bedrooms Staff responded quickly to calls of help from each other and people who used the service. Staff continually observed people when they were completing other tasks such as writing in care plans and in each sitting room staff were deployed to ensure people were safe.

People told us they received their medicines at the same time each day. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken. People were happy with the explanations given about their medicines.

Medicines were kept in locked areas. Each trolley and cupboard were clean and tidy. There was good stock control in the cupboards, but not in the trolleys. Some medicines no longer in use had not been removed. This was rectified during our visit. In one unit the storage area became hot during the day, so the trolley was removed to a cooler area. Temperatures were recorded to ensure the medicines were stored in suitable conditions. This would ensure the stored medicines were safe to use.

We looked at 18 people's medicine administration records (MARS) and found they had been completed consistently. We observed medicines being administered at lunchtime and teatime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training.

Good

Is the service effective?

Our findings

People told us they were supported by staff to make choices and staff knew what they were doing. One person said, "They are very good." Another person said, "When I need to see a doctor, they call them and they will go with me."

Two staff members told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and administering medicines. They told us it had been suitable for their needs. They had completed work books and then been tested on their knowledge base. We observed a senior member of staff instructing someone during the day. They were patient and capable of answering the person's questions.

Staff said they had completed training in topics such as basic food hygiene, first aid and manual handling. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Some staff had completed training in particular topics such as looking after people whose behaviour was challenging to others and infection control. This ensured the staff had the relevant training to meet people's specific needs at this time. Three members of staff told us they had been supported to attend courses especially to suit their needs and to enhance their skills.

Staff told us they had training sessions in the home, but could also attend courses in the community and on the computer. Staff told us they liked the training on the computer as they could work in their own time, but more practical sessions would be beneficial as they could help each other to learn skills.

We saw the supervision planner for 2015. This gave the dates of when supervision sessions had taken place. Staff confirmed these had occurred. Staff told us they could express their views during supervision and felt their opinions were valued. All staff had received at least one formal supervision session this year, which was in line with the supervision policy. The registered manager acknowledged that supervisions had not been completed on a regular basis for the trained nurses. Staff confirmed they had conversations each day and felt supported in their roles. They told us there was a once a week briefing with the registered manager about unit issues, which they used to discuss their personal agendas as well.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

Staff were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff had undertaken training in the Mental Capacity Act 2005 in 2014 and 2015.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Four DoLS authorisations were in place and we saw the authorisations in people's care plans. Best interest meetings had taken place to ensure this was the correct course of action for each person. These meetings involved a number of health and social care professionals, the person themselves and family members. They reviewed the person's needs and well-being before coming to a decision. Staff were aware of the dates the authorisations ended.

People told us that the food was good but not always varied. One person said, "It's good grub and there's enough to drink during the day." Another person said, "There is a choice of food. It's mince beef pie today. I would tell the staff if I didn't like it and they would find something else." One person told us, "It's not good of a Sunday, but the rest of the week is fine." Some people told us they were not aware they had a choice of meals. We did not see menus on display. This could mean people were unable to remind themselves of what was on offer that day and change their choices if they wanted to.

Good

Is the service effective?

We observed the lunchtime meal in three dining rooms. We saw the meals were well presented and people were offered a choice if they did not like the main course. Staff told us people could have fruit when they liked, but we only saw this in some people's bedrooms. Staff told us they kept tinned food and dried goods in the unit kitchen in case people wanted a snack at night or between meals.

Those people who required assistance to eat their meal were given this in their bedroom areas or in the dining areas. We heard staff explaining what was on their plates, for those with limited sight and encouraging people to eat and drink. We saw the daily records in the kitchen when staff had asked people about their daily menu choices. There was a four week cycle of menus and a separate menu for those requiring a soft diet.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff were aware of the choices they could give people who were diabetics or vegetarian. They told us the difficulties they had with some people in encouraging what they ate to maintain a healthy diet. This was recorded in their care plan. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their weight and when a person required a softer diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs.

People told us they were happy living at the home. They told us they liked the staff and said if they required to see a doctor or nurse staff would respond immediately. One person said, "I can see the doctor when I want. Staff understand when I want to see a doctor or a nurse."

Where required additional support from community nurses and doctors was sought. Checks such as breast screening and offering a contraceptive pill had been offered to people after their capacity to make decisions for themselves had been assessed. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

Good

Is the service caring?

Our findings

People told us staff were caring and treated them with dignity and respect. All were full of praise for the staff. One person said, "They would knock on my door if I am in my room." Another person said, "They look after me very well here." The people we spoke with told us their treatments and care was effective and they were supported to make choices and their preferences were listened to. One person said, "They are lovely here. I can decide if I want to stay in bed or not. They respect me."

All the staff approached people in a kindly, non-patronising manner. They were patient with people when they were attending to their needs, for example, when people became agitated. Staff took them to one side and talked with them, which settled them. Staff knew the people's needs and were relaxed with them. People were encouraged to lead the conversations with staff and others.

We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with a bath, ensuring people knew when meal times were about to commence and assisting each other to turn someone in bed. People told us there were no restrictions placed on them and they thought they could have a bath when they liked. One person said, "I have a shower on Monday, Thursday and Saturday and the staff help me." They told us they had recently had a hospital appointment and their shower day was changed.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made, for example, staff knew when a person wanted to remain in their bedroom for most of the day. Staff ensured they were in a safe environment and we saw they made numerous visits to them during the day.

Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes, for example, when they liked to get up in the morning and how they liked to occupy their days. This was confirmed in the care plans. Practical action was taken when people were distressed. We observed not just care staff, but ancillary staff responding to people who were worried and anxious. If they could not answer a person's query the registered manager or nurse was called to assess each situation. One person was distressed about their relationships with other people in the unit. Staff talked with them and discussed their options.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display. Two people were aware of the local advocacy service and how they could help them.

People had access to sitting room areas, dining rooms, and quiet areas in corridors and garden areas in and adjoining all the units. We observed staff asking people where they would like to spend time, if they required assistance to move about the building. Staff ensured each person was comfortable, had a call bell to hand and had all they required for a while. This was sometimes a magazine or the remote control of the television. Other people we observed walked or used a wheelchair to access various parts of the home and grounds.

Accesses to some areas of the home were restricted by the use of a key pad. Some people told us how they could access their rooms and the buildings. We observed that some people had key fobs which they used and keys to lock their bedrooms. They told us this ensured their privacy. Assessments were in the care plans to show they were capable of making those decisions. One person said, "I don't like other people coming into my room. I don't mind the staff." Where people's memory fluctuated we saw staff reminding them of how to exit a building.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, "When my family member comes we go shopping."

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being encouraged to walk with a frame to help their mobility.

People told us staff had talked with them about their specific needs. This was in the form of conversations and formal meetings. They told us they were aware staff kept notes about them. They told us they were involved in the care plan process. We saw signatures in care plans of people's involvement and acceptance of assessments, as well as the involvement of relatives.

People told us staff tried to obtain the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when someone had fallen and staff had asked for assistance from the falls co-ordinator at the hospital. When an incident had occurred between two people staff had assessed the situation and asked for a further assessment by other health care professionals in the community. The people involved told us the assessments had taken place.

Three people described a rewards system which was in place. This had been agreed with them and other health professionals. According to the care plans, family members had been made aware. This ensured they would act appropriately in other people's company in the units they lived in, respected others wishes and maintained their own health and well-being. This meant the staff had put strategies in place for dealing with people's behaviour which was challenging to others.

Staff received a verbal and written handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. We observed handovers in two units and saw that staff had time to ask questions to clarify issues.

People told us there was an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms or other areas of the home. This was recorded in the care plans. People told us about some of the activities such as art sessions, gardening and trips out. One person said, "I look forward to going out [named staff member] is very good we do lots of things. It's good to keep busy." Another person said, "I just love to sing, which is encouraged by my staff." We observed staff singing with that person.

People told us they were encouraged to help in the gardens. We saw one person helping to weed a flower-bed. Another person told us they had asked to develop a small garden area in a conservatory. We were shown the plants they were growing and were informed staff helped them to maintain the plants.

People in their rooms all day were watching the television; some had visitors for part of the day and some were reading books or magazines. Staff interacted with people in their bedrooms and were observed sitting, holding hands and talking to people. They also were reading the daily newspaper with some people in their rooms.

Staff had made attempts to expand people's interests and involve them in the local community. People told us what they were interested in doing. One person had been enabled to buy a car. They told us this had changed their life, as staff drove the car as they were unable to do so. Another person was an artist and this had been developed since being in the home. Their work was on display in around the home and in their room. A work shop had been provided to enable them to pursue the hobby. They said they appreciated the freedom staff had given them to express themselves

There was an activities planner on display. Different events took place each day, with gaps on the programme to allow people to express what they wanted to do. There were lots of pictures of events which had taken place inside and outside the home. These included art classes, birthday parties and visits out. The care plans stated the type of interests people had been interested in prior to admission. People's wishes to not participate in activities were recorded.

Other people told us they liked going to the local town. They said they enjoyed going to the shops. In the care plans some people had been assessed as capable of going on the

Good

Is the service responsive?

local bus, but others needed an escort and travelled by car or the home's mini-bus. One person said, "I'm going to Lincoln today. I hope to buy some perfume and have a cake in the coffee shop."

People told us they were happy to make a complaint if necessary and felt their views would be respected. No-one we spoke with had made a formal complaint since their admission. People knew all the staff names and told us they felt any complaint would be thoroughly investigated and the records confirmed this. People in one unit were unaware of the complaints process. This information was passed to the registered manager who said they would address the issue. We did not see the complaints procedure on display, but staff were able to describe what they would do. The brochure was available for staff to give out which gave details of the complaints process. The registered manager informed us they had contact with an organisation which could translate this in different languages.

The complaints log detailed one formal complaint the registered manager had dealt with since our last visit. It recorded the details of the investigation and the outcomes for the complainant. Lessons learnt from the case had been passed to staff at their meetings. Staff confirmed these messages had been passed on. The Care Quality Commission (CQC) was aware of the complaint and the provider had taken suitable action. We saw this in the minutes from staff meetings for January 2015 and June 2015.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. However, they did not always receive feedback if they raised an issue and did not know whether this had been passed on to staff. Each person knew the name of the registered manager and the staff member in charge of their unit that day. One person said, "[Named manager] comes around a lot we all know her."

People who lived at the home completed questionnaires about the quality of service being received. Some people told us they had recently completed questionnaires. One person said, "It's asking us what we like and don't like." The yearly questionnaire had been sent out in June 2015. Some had been returned, but no analysis had yet been made. The registered manager told us the results would be displayed when a full analysis had been completed. The ones we saw had mainly positive comments about the service, but where negative comments had been made there was no record if people's concerns had been answered. Staff told us they tried to get people together once a month to ask about their views. They said this was sometimes difficult as they did not like attending. Staff did not keep minutes of those meetings. People who had made suggestions or raised concerns about the quality of service had no way on knowing whether their views had been taken seriously and whether changes had been made.

The registered manager had completed audits to test the quality of the service against current legislation. They completed a monthly audit for the providers and they in turn completed directors' checklists to show what areas had been reviewed. These covered such topics as care plans and infection control. However, both the manager's audits and directors' checklists were not followed up when actions had been identified which needed to be completed. Staff told us lessons to be learnt from the audit process were not feedback to them. The impact of not following up on actions for audits could result in staff not reviewing their practice and putting people at risk.

Staff told us staff meetings were held a couple of times a year. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of staff meetings for January 2015 and June 2015. Each meeting had a variety of topics which staff had discussed, such as, stock control, infection control and training. This ensured staff were kept up to date with events. Actions from those meetings did not show whether they had been completed. We did not know whether staff had learnt sessions from events which had been tested.

The registered manager was visible at all times in all the units. People told us they saw the registered manager every day the person was on duty, as did the staff. When we arrived the registered manager was receiving a hand over from the senior staff in the units so they were aware of any problems which had arisen over night. Staff told us this ensured they had informed the registered manager of events and the actions taken and they would agree whether the course of action had been acceptable.

Staff had been given opportunity by the registered manager to research local events in the village and wider community for people to go to. The skills and responsibilities of the staff had been recognised by the registered manager to enable this piece of work to move forward. Staff told us they often visited a swimming pool and shopping centre. This was recorded in people's care notes. On the day of our visit a group of people went to a local curling club and were wearing the sweatshirts of the club. One person said, "I'm proud to wear this top and so enjoy the club and game." Some other people went to the local pub for lunch. We also observed a bingo session and craft session, where people were making items for the local village fete. The needs and interests of people were reviewed in the care plans and staff identified who could best help those people to achieve their goals.

Staff told us they worked well as a team. One staff member said, "I really enjoy this job. There is such a range of work to do." Another staff member said, "I've worked in every area of the home and enjoy it all."

The registered manager kept records in staff personal files of when she had spoken with staff on certain topics which was pertinent to their department. This ensured the correct messages were received by the relevant departments. We looked at a staff personal file where there had been a recent disciplinary meeting. The process, outcomes and actions had been recorded.

People's care records and staff personal records were stored securely which meant people could be assured that

Requires improvement

Is the service well-led?

their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.