Mrs Annette Zammit

Green Gables Care Home

Inspection report

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Ratings

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

Overall summary

This inspection was carried out on 15 and 16 July 2015 and was unannounced.

We last inspected Green Gables Care Home in August 2014. At that time we found that the registered provider was not compliant with all the regulations and took enforcement action in relation to people's care and welfare. At this inspection we looked to see what action the provider had taken to become compliant. We that the provider had completed the actions we required them to take.

Green Gables Care Home provides accommodation for up to 18 older people and people living with dementia. The service is a converted domestic property.

Accommodation is arranged over three floors. Stair lifts are available to assist people to get to the upper floors. The service has 16 single and one double bedroom, which people can choose to share. There were 17 people living at the service at the time of our inspection.

A registered manager was working at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they

Summary of findings

are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager was not clear about their responsibilities under Deprivation of Liberty Safeguards (DoLS). Arrangements were not in place to check if people were at risk of being deprived of their liberty and apply for DoLS authorisations. Systems were in operation to obtain consent from people, however, processes to assess people's capacity to make decisions and to make decisions in people's best interests were not in place. Staff assumed people had capacity and supported them to make decisions and choices.

The registered manager provided strong leadership to the staff and had oversight, with the provider, of all areas of the service. Staff were motivated and felt supported by the registered manager and provider. The staff team had a clear vision of the aims of the service and made sure these were delivered. Staff told us the provider and registered manager were approachable and they were confident to raise any concerns they had with them. Processes were in place to learn from incidents and accidents and continually improve the service.

There were enough staff, who knew people well, to meet peoples' needs at all times. The needs of people had been considered when deciding how many staff were required on each shift. Staff had the time and skills to provide the care and support people needed. Staff were clear about their roles and responsibilities and were accountable for their actions.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. The registered manager had a training plan in place to keep staff skills and knowledge up to date. Most staff held recognised qualifications in care. Staff met regularly with the registered manager to discuss their role and practice and any concerns they had.

Staff knew the possible signs of abuse and were confident to raise concerns they had with the registered manager or the local authority safeguarding team. Plans were in place and staff knew how to keep people safe in an emergency.

People's needs had been assessed to identify the care they required. Care and support was planned and reviewed to keep people safe and support them to be as independent as possible. People and their relatives were involved in planning their care.

People were supported to participate in hobbies and activities they enjoyed, at the service and in their local community, such as bingo. Possible risks to people had been identified and were managed to keep people as safe as possible.

People got the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were supported by staff to receive the care and treatment they needed to keep them as safe and well as possible.

People were involved in choosing their own food and drinks and were supported to have a balanced diet. Choices were offered to people in ways they understood. Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained.

People and their relatives were confident to raise concerns and complaints about the service. These were logged and investigated and people had received a satisfactory response.

The registered manager completed regular checks of the quality of the service provided. When shortfalls were found action was taken quickly to address these and prevent them from occurring again. People, their relatives and staff were asked about their experiences of the care. These were used to improve and develop the service.

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place and areas of the home had recently been redecorated and refurbished.

Summary of findings

Accurate records were kept about the care and support people received and about the day to day running of the service and provided staff with the information they needed to provide safe and consistent care and support to people.

We found two breaches 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 the 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?
The service was safe.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff, who knew people well, to provide the support people needed at all times.

People were given the medicines they needed.

The service was clean and safe.

Good

Is the service effective?
The service not consistently effective.

Staff did not follow the Mental Capacity Act or Deprivation of Liberty Safeguards. People's capacity and the risk of them being deprived of their liberty had not been assessed.

Staff assumed people had capacity and offered them choices.

Staff were trained and supported to provide the support people needed.

People received food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Requires Improvement

Is the service caring?
The service was caring.

People said the staff were kind and caring to them.

People were given privacy and were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Assessments were completed and reviewed regularly to identify changes in people's needs.

People and their families were involved in planning the support people received.

People were involved in their local community and participated in activities they enjoyed.

Good

Summary of findings

Action had been taken to resolve people's complaints to their satisfaction.

Is the service well-led?

Good 

The service was well-led.

There was a clear set of aims at the service including supporting people to remain as independent as possible.

Staff were motivated and led by the provider and registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People and their relatives shared their experiences of the service.

Records about the care people received were accurate and up to date.

Green Gables 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.

This inspection took place on 15 and 16 June 2015 and was unannounced. The inspection team consisted of one inspector, a specialist professional advisor, whose specialism was in the care of older people 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 care service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also looked at notifications we had received from the registered provider and registered manager. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with the provider, the registered manager, six staff, two local authority case managers and one person's relative. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for four people. We looked at management records including three staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to people.

Good

Is the service safe?

Our findings

People told us they felt "completely safe" at Green Gables Care Home. One person told us, "It's like a family here, we rely on each other". Several people said they had had falls which had resulted in an injury and told us this was because they were "being too independent". One person's relative we spoke with said, "This is the best place for my relative. They are well feed, well looked after. They look after her health and she is safe here".

People received consistent care, when they needed it, from staff who knew them well. The registered manager had a process to help them decide how many staff were required to keep each person safe and provide the support they needed. They had considered people's needs, the layout of the building, and people's preferred routines when deciding how many staff to deploy at different times of the day. One staff shift started at 7am every morning to assist people who like to get up early. The registered manager had increased the number of care staff by one between 9am and 4 pm each day as this was a busy time. Plans were in place to review the timing of this shift to make sure staff were available when people needed them. Staff told us the additional member of staff meant that they were able to spend more time with people, chatting to them, taking part in activities and supporting people to have baths and showers when they wanted.

Staffing levels were consistent across the week and people received support from staff who had the skills to meet their needs, including the provider and registered manager. Staff shifts were planned in advance and rotas were available to support people and staff knew who would provide the service when. Cover for staff sickness and holidays was provided by other staff members in the team. The staff team was consistent and staff turnover was low. There were no staff vacancies at the time of our inspection.

The registered provider had policies and processes in place that were known and understood by staff, to keep people safe. Staff told us they had read the provider's policies and procedures and any changes were discussed in handovers and team meetings. Staff were confident to whistle-blow to relevant people, such as the provider and the registered manager, about any concerns they had. One staff member told us, "the owner and manager would deal with concerns we raised." The registered manager and provider had acted quickly to keep people safe when they had received whistleblowing concerns. Staff had completed safeguarding training and knew the signs of possible abuse, such as bruising or changes in a person's behaviour.

Systems were in operation to ensure people had money when they wanted it and to keep people's money safe. Records of how people had chosen to spend their money were maintained along with the balance of cash held at the service. The balances recorded matched the amount of money held for each person. Money and records were stored securely and access to them was limited to a small number of staff. An inventory of clothes and valuables had been maintained for some people however this was not consistent for everyone.

A gifts policy was in place, it was the provider's policy that staff did not accept gifts from people. Plans were in place for staff to initially accept gifts from people who may become upset if they were declined and then return the gift to either the person or their relative later.

Risks to people had been assessed and care had been planned to keep people safe while maintaining their independence. For example, risks to people's skin had been assessed and equipment provided to keep people's skin healthy. Guidance was provided to staff about how to use the equipment and it was regularly checked to make sure that it was operating correctly. We observed people being supported by staff to use the equipment, such as sitting on special cushions.

Staff told us that they empowered people to make decisions and take acceptable risks as long as there was not a significant impact on or risk of harm to other people. One staff member said, "We try to keep residents as independent as possible". People who chose to smoke were supported to do this safely in the garden. The roof recently blew off the temporary covered smoking area and people were being encouraged to either wait, if it was raining, or to wear appropriate outer clothing. People who needed help to walk were supported by staff to go into the garden and used a bell to summon support from staff to return to the building.

Accidents and incidents involving people were recorded. The registered manager and provider reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to keep them safe. For example, one person had fallen three

Good

Is the service safe?

times and had been referred to their doctor, who had changed their medicines. Since the change in their medicines the person had not fallen again. Staff were informed of changes in the way risks to people were managed during the handover at the beginning of each shift. Changes in the support people were offered were also recorded in people's daily records so staff could catch up on changes following leave or days off.

Plans were in place to safely evacuate each person from the building in the event of an emergency. An on call system was in operation and staff felt confident to contact the registered manager or provider for support in an emergency. Contactors, such as an electrician, were available to respond quickly in the event of an emergency.

The building was clean and odour free, it was maintained and regular checks were completed. Maintenance and refurbishment plans were in place. Since our last inspection the fire system had been upgraded, a stair lift had been fitted to access the second floor and a new bath and hoist were being fitted to the downstairs bathroom. Plans were in place to begin work on a wet room once the bathroom was completed. It was the provider's aim to give people easy access to a bath or shower where they felt safe and secure. Some areas of the building had been redecorated, with new furniture in the entrance hall and communal lounges. Risks to people had been considered as part of the refurbishment plans and works, such as the fitting of the bath and wet room and were planned to ensure that people always had access to bathing facilities with a bath hoist.

Thermostatic control valves had been fitted to all hot taps since our last inspection make sure that people were not at risk from hot water. The temperature of bath water was checked before people used them and staff knew what a safe temperature was. The garden was safe and secure so people could use it on their own where they were able. People were involved in gardening and told us they enjoyed to keep the garden neat and tidy. One person told us, "They have really made the garden nice now and I like sitting out there. During the nice weather I have spent all afternoon in the garden with a friend".

A call bell system was fitted in people's bedrooms. We observed that people who chose to spend time in their bedroom had the call bell within their reach and were able to call staff if they needed them. One person told us, "Staff always make sure I have my bell by my side". People told us that staff responding quickly when they used their call bell, observations during the inspection confirmed this. Another person told us, "Staff always come to see what I want when I ring the bell".

People moved freely around the service and were not restricted. There was enough space and furniture to allow people to spend time with each other or alone when they wanted to. People spent time in their bedrooms when they wanted to. Furniture was of a domestic nature and the service was comfortable and homely. People had chosen to display their art work on notice boards in the lounge. People were able to bring small items of furniture and personal items with them into the service and these were on display in their bedrooms.

Staff recruitment systems protected people from staff who were not safe to work in a care service. Interviews were completed by the registered manager, candidates response to questions were recorded to test if they had the skills, knowledge and attitudes the provider required. Candidates also spent time in the company of people using the service. The candidates interactions with and responses to people were used as part of the selection process. Information about staff's conduct in previous employment had been obtained and checked. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate's physical and mental health had been requested and checked. Other checks, including identity checks, had been completed.

The provider and registered manager had taken action to keep people safe when concerns had been raised about staff practice. This included suspending staff whilst investigations into their conduct were completed and dismissing staff whose practice did not reach the required level. Where an investigation had shown that staff practice had put people at risk, the provider had referred them to the Disclosure and Barring Service.

Processes were in operation to protect people from the risks of unsafe management of medicines, including systems for ordering, checking, disposal and administration of prescribed medicines. Medicines were stored securely and given to people at the time advised by their doctor. We saw staff give people their medicines and remind them how to take them safely. One person told us,

Good

Is the service safe?

“When I have a seizure that staff look after me. I don’t have as many as I used to before I came here. Staff always give me my medicine and I think this helps”. The person also told us that they got their medicines at the same time every day.

A new person moved into the service during our inspection. We observed that two staff checked in the medicines they brought with them to make sure that they were correct. Staff contacted the pharmacist for advice about one tablet that required breaking in half, before they gave it to the person to make sure that they gave it safely.

Some people were prescribed medicines ‘when required’, such as pain relief. Staff asked people if they wanted pain relief regularly and only gave it when they wanted it. We observed one person being offered pain relief cream, they said that they did not want it at that time and would have it later. Staff returned to see the person later to apply the cream. Where people were unable to tell staff they required pain relief staff knew the signs that they may be in pain such as a change in their facial expression. Staff had a good understanding of safe medicine management. They were knowledgeable and able to explain the action they would take to manage medicines safely.

Requires Improvement

Is the service effective?

Our findings

People told us they were able to make choices about all areas of their lives, such as when they got up and when they went to bed. One person told us they liked to get up early, they said, "I sleep well and am ready to get up then". People choose how they spent their time and who they spent it with. We observed people being offered choices in ways that they understood and staff responded consistently to the choices people made. Staff knew people well and understood what people were telling them.

Staff did not have a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff had received training in relation to the MCA in 2014, however the registered manager had identified that they and the staff needed to develop their knowledge and skills further to make sure that they complied with the Mental Capacity Act.

Some people were able to make complex decisions about the care and treatment they received. Other people were able to make simple decisions, such as what they wanted to eat or drink but needed others to make decisions on their behalf for more complex matters. Assessments of people's capacity to make specific decisions had not been completed. For example, people's care records contained pictures of them and injuries they had sustained such as bruises, however their ability to consent to having pictures taken had not been considered and assessed and written consent had not been obtained. The service used a social media site to share pictures of some people with their relatives. This site was accessible to the public. Some people had given their consent to have their picture posted on the site and other people's relatives had given consent on people's behalf. People's ability to understand and retain the information necessary to make the decision had not been assessed and we could not be confident that people understood the implications of their decision.

Some people's relatives had been asked to make decisions on their behalf; however the registered manager had not obtained information to demonstrate who was legally able to make decisions on the person's behalf. Meetings, including people who knew the person well, had not been held to make decisions in people's best interests where they were unable to make the decision them self. For example, one person had moved bedroom, their capacity to make the decision about the move had not been assessed and the service had not met with people who knew the person well to decide if the move was in their best interests.

The provider had failed to act in accordance with the Mental Capacity Act 2005. Consent of the relevant person was not always obtained before care was provided. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff assumed that people were able to consent on most occasions and knew how people demonstrated that they did not give consent if they were not able to speak. One member of staff said, "We have to assume capacity unless people can't make any decisions so we give them choices about clothes, food and trips out". We observed that staff understood what people were telling them and responded appropriately.

Some people were able to chat to staff and tell them what they wanted. Other people were unable to express themselves verbally. Staff demonstrated that they understood how to communicate effectively with people. They understood what the people were telling them and supported people to make decisions when they were able. For example, people were asked simple questions, such as, "Would you like lemon or blackcurrant" and were supported by physical prompts such as showing people two jugs of lemon and blackcurrant squash to choose between.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The service was not meeting the requirements of DoLS. The provider did not have arrangements in place, as the managing authority, to check if people were at risk of being deprived of their liberty and apply for DoLS authorisations. The registered manager was unclear about their responsibilities under DoLS. Assessments of the risk of people's liberty being restricted unlawfully had not been completed. People were subject to continuous supervision and were not free to leave. Therefore their liberty was restricted.

Requires Improvement

Is the service effective?

The provider had failed to act in accordance with the Mental Capacity Act 2005. The risk of people being unlawfully deprived of their liberty had not been assessed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Keypad locks were fitted to some doors, to protect people from high risk areas of the building such as the kitchen and cellar. During the visit we observed that people did not become agitated or distressed at not being able to access these areas. One resident tried to open the locked door to the kitchen area and was led away by a member of staff who took their hand, spoke gently to them and led them into another room. The person happily went with the staff member.

People told us that staff appeared well trained and knew what they were doing. Staff had received an induction when they started work at the service to get to know people, the care and support that they needed and to understand their roles and responsibilities. The registered manager was aware of the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and two new staff members had begun working towards the certificate as part of their induction. New staff shadowed experienced staff to help them provide care consistently and then work alongside more experienced staff until the registered manager was confident they are competent to work alone.

Staff received the training they needed to perform their duties, including first aid, fire safety and dementia care. A training plan was in place and the registered manager knew what training staff had been completed and when it needed to be refreshed. Staff were working towards further qualifications through distance learning. Some staff had not completed these in the required timescale and the registered manager was taking action to make sure that these staff developed the skills and knowledge they required. A process to check staff's competency in key areas such as medicine administration and moving and handling people was in place to make sure that staff continued to provide the service to the standard the provider required. Feedback was provided to staff on the observations to further develop their knowledge and skills. Most of the staff team had acquired level 2 qualifications in social care and some had achieved level 3.

Staff told us they felt supported by the registered manager and the provider to deliver safe and effective care. Staff met with the registered manager regularly to talk about their role and the people they provided care and support to. Mistakes that staff made, such as not following the providers processes, were discussed with them and were used as development opportunities. Steps had been taken by the provider to support staff to develop the attitudes and behaviours they needed to complete their role, such as treating each person as an individual, valuing their differences and empowering them to be as independent as they could be. The registered manager had recently developed a staff appraisal process. Three appraisals had been completed at the time of the inspection.

People were supported to maintain good health. They told us they were supported to see their doctor, nurse and other healthcare professionals if they felt unwell or had an accident. We observed staff contacting people's GP as soon as concerns about their health had been identified. Care was planned to meet people's healthcare needs. People's care plans were reviewed and updated to reflect changes in their healthcare needs. One person had an infection and their care plan had been updated to give staff specific guidance about the care they required, including 'Close observation and encourage to drink every 15 minutes'. Changes in people's needs were also shared at shift handovers, so all staff had up to date information.

Body maps were used to record any injuries such as bruises and to review their progress until they had healed. Staff knew if people had recurring conditions, such as infections, the signs and symptoms of these and what action to take, such as requesting antibiotics from their GP. People were supported by staff or people who knew them well to attend health care appointments and received regular health checks, including eye tests.

People told us they liked the food at the service. One person said, "The food is alright. I can't moan about it." Another person told us, "I enjoy all the fresh vegetables they give me." People's nutrition and hydration needs were regularly assessed and reviewed and action was taken to meet people's needs. For example, if people lost weight they were referred to their doctor or a dietician for support and advice. This advice was included in people's care plans, people had received the care and support they needed and had stopped losing weight.

Guidance was provided to staff in people's care plans about how they preferred their foods to be presented, for example, one person told us they had a small appetite, this

Requires Improvement

Is the service effective?

was reflected in their plan and they were served a small meal which they ate. Some people were at risk of choking and were supported to manage the risk by staff at each meal. People who required support to eat their meal were helped by staff who chatted to them whilst supporting them at their own pace.

People were given a choice of foods from the menu each day. The cook asked everyone each morning what they wanted for lunch and this was provided. Staff knew the foods that people liked and offered these to people as alternatives if they did not want what was on the menu that day. People told us the food had improved recently and the cook had listened to their comments and suggestions. Menus were balanced and fruit, fresh vegetables or salad were offered. All meals were homemade. The weather was hot during our inspection and people were encouraged to drink frequently and were offered ice-creams which they enjoyed.

Good

Is the service caring?

Our findings

People told us staff were kind and caring their comments included, "The staff are all so caring and kind", "Nothing is too much trouble for them" and "The staff are good and look after me well".

One person told us, "The staff are all wonderful, every one of them is wonderful". Another person said, "I don't know what I'd do without the staff". One person's relative told us that "My relative loves the staff and loves living here".

People's care plan's contained a 'This is Me' document, a simple tool designed by the Alzheimer's Society to tell staff about people's needs, preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know them and provide their care in the way they preferred.

Staff showed genuine affection for people and people responded in a similar way. Staff knew people well, including their likes and dislikes and how they liked things done. People were called by their preferred names. We observed staff and people in the service; staff spoke with people individually and in a respectfully. People smiled back and responded to staff in a positively. We observed that staff responded quickly to people's requests, for example for a cigarette. We observed staff chatting with people about their families and things that they enjoyed. People responded and chatted with staff in a relaxed way.

One person's relative told us their relative had 'come out of their shell' since moving into the service and was no longer isolated. They told us their relative was stimulated by the staff and always had someone to talk to. People told us they had regular opportunities to go out, either in the mini-bus, as a group, or on their own with staff. One person told us, "It really breaks up the day going out for a ride or just to the shops". Another person said, "The owner often takes us out for an ice-cream which she pays for herself".

Routines at the service were flexible and responded to changes in people's needs and to their requests. Staff knew people's preferred routines, such as where they liked to spend their time and who with. We observed that staff responded to people's requests, such as to stay in their bedroom; this gave people control over their lives and reduced the risk of them becoming anxious or worried. We observed that staff treated people with kindness and people appeared relaxed in their company.

People told us staff treated them with respect. One person said, "The staff are very respectful". People received the individual support and attention they needed. One staff member told us, "We treat everyone equally, they are all different and we treat people in the way they want to be treated". Another staff member told us, "We treat people in the way we would like our family members to be treated". People were able to choose if they wanted a staff member of the same sex to provide their care and staff roles were planned to ensure that this happened. We observed the provider discretely asked people if they would like a packet of 'wet wipes' by their commode, explaining that they would help them keep them clean. People accepted the wipes offered.

People were treated with dignity at all times. For example, staff sat next to people while supporting them to eat a meal, or explained to them about care they would receive before it was provided. We found that one person's name had been spelt two different ways in their care records. The provider checked the correct spelling with the person and began to change this immediately.

People had privacy. Staff told us how they supported people to have privacy in their bedrooms and in the bathroom. For example, we observed staff support one person into the bathroom and then leave them after checking they did not need any help. We observed staff knocked on people's bedroom doors before entering their room and gaining their consent before looking at their personal items. A dividing curtain was in place in the shared room to give people privacy when they received personal care.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality as part of their induction. Staff told us at the time of the inspection that people who needed support were supported by their families, solicitor or their care manager, and no one had needed to access any advocacy services.

Good

Is the service responsive?

Our findings

Most people said they had helped develop their care plan, with their relatives when necessary. One person told us, "I thought of something the other day which I wanted noted on my care plan, and the staff arranged to do this". In response to the provider's January 2015 quality assurance survey 80 percent of people rated their involvement in planning their care as good or excellent. No one rated their involvement as poor.

Before people were offered a service their needs were assessed to make sure the staff could provide all the care they required. People were also invited to visit the service and have a meal before deciding if they wanted to move in. Further assessments of people's needs, along with discussions about how they liked their care and support provided were completed to find out what people could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify changes in people's needs. This information was used to plan people's care and support.

People's care plans had been developed with them and their families when they moved into the service and covered all areas of their life. They contained information about what people were able to do for themselves and how they preferred their care to be provided. For example, one person's care plan stated, 'If I refuse a bath, please ensure that this is documented and that I am offered one on another occasion. On the days I am not offered a bath I would like to have a full body wash'. We observed that the care plan had been followed and the person was supported to wash when they did not want a bath.

Detailed guidance was provided to staff about how to provide the care people needed to ensure it was provided in the way people preferred. We observed staff provide people's care in the way described in their plan. For example, one person's care plan stated, 'I like a member of staff to walk by my side to stop me falling'. We observed staff walking next to the person in the way described in their care plan. Care plans were amended to reflect changes in people's needs and preferences. For example, one person had decided to stay in bed as they had an infection and their care plan had been amended immediately to reflect the change.

People planned the activities they wanted to take part in at regular activities meeting. These included a pancake flipping contest on Shrove Tuesday and changing the monthly raffle to a weekly raffle. People had regular opportunities to follow their interests and take part in social activities. People went out regularly, dependant on the weather. People used facilities in the local community including the local bingo club and visited local beaches for an ice-cream. People told us they enjoyed the activities and outings they took part in. One person told us, "I enjoy going out to the bingo, we go every week".

People were able to take part in hobbies they enjoyed such as knitting and drawing and we observed people doing these when they chose too. In response to the provider's January 2015 quality assurance survey 33 percent of people said the social activities offered by the service were excellent and 50 percent of people said they were good.

Staff spent time with people who had decided to spend time in their room. We saw that people who remained in their bedrooms were supported to listen to music of their choice and take part in their chosen pastimes. People chose where they spent their time and staff supported them to move around the home at their request.

People were supported to stay in contact with people who were important to them. Staff supported people to receive visitors at the service and to visit relatives. People's relatives and friends were able to visit them at any time, although visitors were discouraged at meal times to enable staff to spend time assisting people. People told us they were supported to keep in touch with family and friends and could speak to them on the phone or on the computer, if they were unable to visit. People were also supported to remember family birthdays and to send cards and gifts, people told us that this was important to them.

People said that the registered manager and provider were always available if they wished to make a complaint or a suggestion and always dealt with the complaint to their satisfaction. One person told us that they had wanted to have a bath but found it difficult to use the bath that was fitted and the provider had changed the bathroom so they could have a bath. They said, "Today I had a lovely bath, what a treat".

A process to respond to complaints was in place. Information about how to make a complaint was available to people and their representatives. The provider,

Good

Is the service responsive?

registered manager and staff supported people and their families to raise concerns or make complaints about the service. People's relatives had raised concerns with the provider and the registered manager, who had taken action to address people's complaints to their satisfaction. Staff recognised when people and their relatives had made complaints about the service and had passed the information to the provider or registered manager for their action. In response to the provider's January 2015 quality assurance survey 40 percent of people and 71 percent of people's relatives rated the service's response to their complaints or concerns as excellent. Everyone else had said their responses were good. One person had commented 'Never had cause to complain'.

Good

Is the service well-led?

Our findings

A registered manager was managing the service with the provider and knew the people and staff well. The registered provider worked at the service regularly. Staff told us that the registered manager and provider had a clear vision of the quality of the service they required and how it should be delivered. The expectations of staff were clear and available for staff to refer to, such as team meeting and supervision records. Staff told us they were motivated by the provider and registered manager to deliver a good quality service to people. Staff worked together as a team to support each other and to provide the best care they could to people. One staff member told us, "I enjoy coming to work".

Staff were clear about the aims of the service and shared the provider's and registered manager's vision. Staff told us their aim was to "keep people safe and maintain their independence". They told us the core values of the service were respect, privacy, dignity, empowerment and to give people choices. They said that their strived to make the service homely and not like a hospital, as it was people's home. One staff member said, "We make sure that we keep people happy". Staff had job descriptions and knew their roles and responsibilities.

Staff told us effective communication between themselves, people and their families and visiting professionals was important to the effective running of the service. Processes were in place such as handovers to share important information between staff. A handover record was completed during the shift to make sure that important pieces of information were recorded and shared with staff at the beginning of their shift or their return from leave.

Staff got on well together and worked well as a team. One staff member commented, "We all want the same thing, to make people happy and comfortable". Staff were allocated roles and tasks at the beginning of each shift, such as making sure people were turned regularly. Staff were accountable for their actions. We observed that staff were quick to take responsibility for tasks they had completed and any mistakes they had made. Staff were encouraged to use their initiative within recognised boundaries.

The registered manager was leading the staff team and managing the service on a day to day basis. A senior carer led each shift and was responsible for managing the team on that shift. Systems and processes were in place to ensure that the service was of a consistently good quality such as, checks on the care records that staff kept each day. Regular checks were completed to make sure that all areas of the service were being delivered to the required standard, including observations of support being provided to people. When areas for improvement were identified, action was taken to address any shortfalls found. Accurate and complete records in respect of each person's care and support were maintained.

Shifts were planned to make sure that people received the care they wanted, when they wanted. The provider and registered manager were present in communal areas of the service during our inspection and demonstrated leadership and support to staff. Staff told us that they felt supported by the provider and registered manager. They told us the provider and registered manager were approachable and always available to discuss any concerns they had.

Staff had opportunities to tell the provider and registered manager their views about the quality of the service and make suggestions about changes and developments. Staff felt involved in the development of the service and felt that their views were valued. They told us that they were listened to and gave us examples of suggestions they had made that had been implemented by the provider. For example, cradles on the wall to make gloves easily accessible when staff needed them.

The provider and registered manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure people received a good standard of care. Staff had the confidence to question the practice of their colleagues and were supported and encouraged to raise concerns they had with each other, senior staff and the provider and registered manager. Staff told us that they told the registered manager about situations that concerned them, and were confident that they would be listened and action would be taken.

People were involved in the day to day running of the service. Systems were in place to obtain the views of people and their relatives during the residents meetings and annual quality assurance questionnaires. The results of the last quality assurance questionnaire in January 2015

Good

Is the service well-led?

showed that 33 percent of people rated their care as excellent and the remaining 77 percent of people said their care was good. One person had commented, 'I am looked after well'.

The registered manager kept up to date with the majority of changes in the law and recognised guidance. They were aware of recent changes in health and social care law and the way that CQC inspected services. Comprehensive policies and guidelines were available in the service for staff to refer to when they needed them. The registered manager knew that these required reviewing and updating and had plans in place to complete this, to make sure they remained current and relevant.

People and their relatives had received information from the registered provider about the service they were purchasing, such as what was included in the fee. The registered manager had sent notifications to CQC as required. Notifications are information we receive from the service when significant events happened at the service, such as a serious injury.

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 11 HSCA (RA) Regulations 2014 Need for consent **The provider had failed to act in accordance with the Mental Capacity Act 2005. Consent of the relevant person was not always obtained before care was provided.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider had failed to act in accordance with the Mental Capacity Act 2005. The risk of people being unlawfully deprived of their liberty had not been assessed.**