HC-One Limited

Larchwood Care Home

Inspection report

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Date of inspection visit:
26 January 2017

Date of publication:
09 May 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 25 and 26 January 2017 and was unannounced. The service provides accommodation and personal care but not nursing for up to 64 older people. On the days of our inspection 62 people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The entranceway to the service had been refurbished as had the majority of the service and was welcoming, with lots of relevant information displayed around the walls for visitors and family including the latest CQC report on the wall.

People were protected from the risk of abuse as far as reasonably possible as staff had attended training to ensure they had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager had shared information with the local authority when needed to ensure people were safeguarded.

People were supported by a sufficient number of suitably qualified staff. The provider had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Positive and caring relationships had been developed between people and staff. Staff responded to people's needs in a compassionate and caring manner. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. People were treated with kindness and respect by staff who knew them well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service.

The service provided activities for people using the service but while people on the whole enjoyed these activities, it was thought that more activity time would be appreciated. At the time of our inspection one of the two activity co-ordinators was on leave and their hours were not covered.

The care plans commenced with a detailed review of the person's needs. People's care needs were clearly documented and risk assessments were in place. However we found information about how to manage people's needs in relation to diabetes was poorly documented. Some records were not cross referenced in the care plan which meant information was not collated to help staff know how to meet people's needs.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service. There was a registered manager in place and they had made on-going arrangements for staff training and support.

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.

The service identified and reduced risks through carrying out and implementing the actions of risk assessments.

Staff had completed training and on-going training was planned in the safeguarding of vulnerable adults. Staff knew the different types of abuse and how to report concerns.

The service had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

The service had procedures in place for managing people's medicines and people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were supported to provide care to people who used the service through training, supervision and annual appraisals.

The manager understood and had implemented appropriate actions regarding the Mental Capacity Act 2005.

People had access to food and drink throughout the day and staff were supporting people when required.

People's health was monitored by the staff and there was access to healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

People's rooms were individualised with people's own furniture and personal possessions.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were arranged including visiting entertainers but people would have appreciated more activities

People's individual care plans were reviewed but greater attention to detail was required with regard to how the service supported people to meet their diabetes needs and recording of body maps

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff considered they could approach the manager for support and advice.

There were staff meetings and sufficient time for handovers between shifts for the staff to be aware of the changes in people's conditions.

Larchwood 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 25 and 26 January 2017 and was unannounced. On the days of our inspection there were 62 people using the service

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 care service. The expert by experience had experience of older people's care services. Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who lived in the service. We also spoke with seven members of the care staff plus the manager and deputy as part of this inspection and three professionals who visited the service.

We looked at twelve people's care records, three staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, I think there are very good staff here they look after me well, I feel nice and safe." A relative told us, "I can see that people are very well looked after here, nice staff, they keep everybody safe and cared for well. It's a nice place."

A member of staff told us about the safeguarding training they had received and their understanding of how to keep to people safe. They were aware of how to report any allegations of abuse, protect people from the risk of abuse and how to report incidents of abuse. The deputy manager and a member of staff told us how to implement the correct procedure for informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in the safeguarding of vulnerable adults.

The manager analysed accidents and incidents including any falls that people experienced to learn any lessons from the situations. The service involved when appropriate other professionals including the safeguarding team and psychiatric nurses when people presented with distressed behaviour. A member of staff told us about how they recognised when someone became anxious or distressed and the actions they took to prevent the behaviour becoming increasingly challenging which helped to keep the person safe from harm.

We observed staff using manual handling equipment to support people to move from one place to another. Staff were calm and patient and spoke with people about what was happening and why throughout the manoeuvre. The information about which hoist and sling to use was recorded in the care plan and we saw staff use this equipment to support the person.

Risk assessments were in place to guide staff in actions they should take to help keep people safe from harm. These assessments covered a variety of possible risks including falls, the use of bed rails, choking and malnutrition. We saw that staff put risk assessments into practice and that the assessments were regularly reviewed. For example, one person was cared for in bed and required the assistance of staff to help position them to maintain their comfort and skin integrity. They had been reviewed by an Occupational Therapist who had provided information, including pictorial guidelines, for the staff about how to support the person. We saw that another person had their bed rail risk assessment reviewed.

Personal emergency evacuation plans (PEEP) were also in place for all people living in the service. These plans provided staff with guidance on how to support people to evacuate the premises in the event of an emergency. One staff member did tell us that there was only one fire mattress used in emergencies to evacuate people kept upstairs. We checked this with the manager and saw that there were more than one and asked for this information to be shared with the staff. The entry and exit doors had a key pad system in operation for entry and were alarmed so that staff were aware of anyone leaving the building. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service. People with capacity could get into and out of the service as they pleased.

The service had sufficient equipment in place to meet people's individual needs including hoists, pressure

mattresses, wheelchairs and walking frames. The slings, hoists and the passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). The service carried out weekly fire tests and there were emergency plans in place which would be implemented in the case of any emergency.

There were sufficient staff on duty to help keep people safe. We saw the staffing rota and discussed staffing levels with the manager. The manager told us that the levels of staff provided were based on the dependency needs of people using the service. The service was in the process of trying to recruit staff. They had a staffing deficit of approximately 150 hours a week but were filling the shortfall by using agency staff. The manager said that they used the same two agencies to try and ensure that regular staff were used; they also met regularly with the manager of the agencies. The rotas we saw confirmed this situation.

There was a new deputy manager in post and they were supernumerary at present whilst they were reviewing care plans. The service was in the process of re-evaluating the care plans used by the service. During the inspection both the manager and deputy manager cared for people in the communal areas and were leading the staff to support people.

The manager told us that the staffing levels had just been increased to allow for a floating member of staff to go where the need for support was greatest at that time. This was seen as the most effective way of increasing staffing as the needs of people living on each of the units varied from day to day.

Some people were cared for in bed on a regular basis, sometimes only getting out bed to sit in a chair for a short period. This information and reasons why were clearly documented. Records showed that staff completed regular welfare and safety checks on them during the day to ensure that their needs were being met.

The provider had appropriate recruitment procedures in place. We looked at the provider's recruitment policy and the recruitment records for two members of staff. The manager told us about the application forms used by the service which had been designed to ascertain why the person wanted to work providing care and support. As a result of completing the application form, the manager would determine if an interview would be offered to the candidate. For the successful candidates, we saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two satisfactory written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

People received their medications as prescribed and management of medicines procedures were in place. We observed and discussed the medicines procedure with the deputy manager. We examined the Medication Administration Record Charts, (MAR) charts for 15 people using the service and there were no discrepancies identified. We saw the administration of medicines complied with appropriate administration standards required. There was an up to date photograph of each person, any diagnosis, such as diabetes and allergy information was stated clearly on people's MAR charts. Medicine information leaflets relating to the prescribed medicine were available for clarification. The senior staff carried out medicine audits check of the stock against the MAR records.

We were aware that the service since our last inspection had experienced a difficulty in obtaining a medicine for person. The manager explained how they had carefully considered with their manager lessons that could be learnt from that experience. Hence how the service could work closely with all parties involved to ensure

that prescriptions from the GP would be safely and effectively managed, so that the medicines would be obtained as soon as possible for administration to the person.
On the days of our inspection we saw that medicines were administered at the time they were prescribed and from examining the service records they had sufficient stocks of medicines for the people using the service. Medicines were ordered and then delivered to the service by the pharmacy on a 28 day revolving cycle.

Good

Is the service effective?

Our findings

The people living at the service and the relatives told us the staff were knowledgeable and provided the required care and support. We spoke with the manager and members of staff about the training provided. The manager told us that they engaged the organisations training department to provide training to the staff. There was a training matrix of delivered and planned training so that the manager was aware of each staff members training completed and needs. A member of staff told us, "I have completed training in first aid and dementia care, some is on line learning using a computer while other training is delivered by a trainer." Certificates were given to the staff on successfully completing training courses and a copy kept on file.

Staff were supported through regular staff meetings, supervision and an annual appraisal. An annual appraisal is a one to one meeting between the manager and member of staff to discuss the achievements over the past year and set objectives for the staff development in the next year. The service also operated a keyworker system which was discussed as part of supervision so that the staff member could discuss aspects of care and feel supported about the support they were delivering. This meant that staff were properly supported to provide care to people who used the service. Staff were not always clear when their next supervision was planned and how frequently this was. The manger informed us they provided supervision as required as well as to a timed programme but would ensure that future sessions of the timed planned supervision would be clearly booked in advance.

A new member of staff was provided with an induction which was monitored during the first three months of their time at the service and was signed off by themselves and the manager at the time of completion. The induction involved shadowing which is when the new staff member works alongside an existing experienced member of staff for support for during their first few weeks, prior to being allowed to work on their own. During this time the new member of staff is not counted onto the rota. All the staff we spoke with told us they felt that the induction process was supportive to new members of staff.

A district nurse informed us that to support the staff they had taken staff with them when they reviewed people to show them how to position the person comfortably, correctly and manage skin care.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. We looked at records and discussed the DoLS with the manager, who told us that there were DoLS in place. They told us why the DoLS were

required and how the service had worked with the person and families to explain the situation and plan the management of care. In some cases the manager had arranged for a best interest meeting to be held with the person, their families and other professionals to determine how care was to be provided and these meetings were recorded. We looked at the documentation and saw that the service was following the requirements in the DoLS.

Most people liked to use the dining room at meal times and tables were appropriately set. Some people liked to stay in their rooms sometimes for meals while others preferred to remain in the lounge and their choice was respected by the staff. People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. We carried out a Short Observation Framework Inspection, (SOFI) over the lunch time and observed staff supporting people with care and empathy. We observed staff chatting with people who used the service. The atmosphere was relaxed and unrushed.

The dining rooms on the ground and second floor were clean and welcoming each with cloths, flowers on table, nice cutlery and serviettes, practical tables and chairs.

We saw that people had access to food and drink throughout the day. Staff supported people to make a choice at meal times by showing them both menu options on a plate. At lunch time, we observed staff supporting and encouraging people in a patient and appropriate manner. We observed staff providing people with condiments and ensuring they had everything they needed before they were left to enjoy their meal. We saw that staff encouraged people to eat and provided support to people who struggled to eat without assistance. People were given time to eat at their own pace and we saw that people with specific dietary requirements, such as pureed meals, had their needs met appropriately.

A relative told us, "Lunch always looks very nice here, and my [relative] can have anything they like, they are very good at providing alternatives. The girls always ask me if I would like lunch when I come, or whether I would like a tea or coffee they are good, and very friendly too."

In the care plans, we saw that everyone had a nutritional assessment in place. Weights were checked monthly and people who had been identified as being at risk of eating and drinking too little were placed on a food chart and monitored by staff using the MUST (Malnutrition Universal Screening Tool) tool. We also saw that when people had lost weight and specialist support and advice was required staff had referred people to the dietician or speech and language therapist (SALT).

However, we also saw that staff had not taken the appropriate action to support people whose weight had significantly increased. One person was given three puddings at lunch. We looked at their care plan and their weight was increasing on a monthly basis from 89.6kg on 01 October 2016 to 96.50kg on 24 January 2017, their BMI was 38. The manager was planning to speak with the person and their family with regard to snacks and finding a balance to which all were content with regard to choice and healthy eating and well-being.

At lunch time staff told us that a person was often unsettled and may go into their room to eat. The care plan stated 'likes to eat in the dining room', but did not have this information about eating in their own room. The manager told us that staff would continue to support the person in the dining room as this was the preferred option but would ensure the additional information about eating their room with support when unsettled would be added to the plan.

The manager informed us and we saw records of monthly meetings with district nurses to discuss people's and how the services could effectively work together. People's healthcare needs were met through good

working relationships with all external health care professionals including psychiatric nurses. The manager said they received very good support from the local district nursing team. Records showed that people had been reviewed by the chiropodist, GP and social workers. Staff supported people to access specialist advice including; occupational therapists, dieticians and speech and language therapist. Records of people's visits to these professionals were kept in their care plans and updated following actions taken as required.

Good

Is the service caring?

Our findings

The people who used the service and their relatives were content and complimentary about the care and support provided. One person told us, "The staff are very kind and caring." A visiting professional told us, "There are some lovely staff here." They went onto say that they consistently saw that people were happy and engaged well with staff.

We saw a member of staff talking with a person while walking around the kitchen/dining room picking up ornaments and vases, having a look then putting them down again. Together they decided to do the washing up in the sink and continued to chat. The member of staff had respected the person's wishes and supported them to do what the person considered important in their home.

There were handrails on the walls throughout the service and while most people liked the new décor some people said they preferred the previous style. Each person's room had their name in large print on their door, and all doors were lockable. Some people gave us permission to see their rooms and we saw they had been personalised and all were clean.

We saw positive staff interactions with people who used the service which was good humoured, while polite and respectful. People told us the staff were caring and friendly. People were treated with dignity and respect. We saw staff communicating with people in various ways including hand gestures as well as talking to people in a polite and empathic manner. Prior to any care being provided, we saw that staff approached the person from the front so that they could easily recognise them and gained their consent before providing any care.

A person told us, "There is a good chef and I think the food is lovely here – the staff are nice and treat me well. I get out once a week, and I go into the lounge with the other residents, especially if there's some entertainment on. I have my newspaper each morning which I look forward to but I am not feeling too good today, so I'll stay here in my room, that is my choice. I tend not to use my buzzer much as I'm quite capable of looking after myself, but the girls are always passing and keep an eye on me." As we were talking, a member of the care staff knocked on the door and spoke with the person once invited in. They suggested a small sandwich, as the person had not eaten earlier and this was arranged. The person informed us that this was usual that the staff would be available and encourage people to take snacks if they had missed a meal. The person considered the staff were kind and caring.

Staff discussed with and listened to people's views. We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. The people who used the service told us they knew about their care plans. Relatives we spoke with were aware of their relatives care plans. The service did have group meetings with people who used the service and also relatives. Each person was involved in a review of their care plan at regular set times and as required with the manager and their relatives.

The manager told us that they would involve advocates if the need arose to support people. A member of

staff told us about the ways in which people's confidentiality was maintained. They spoke about how information about people would only be shared with other people who had the right to know it. They explained that shift handovers were conducted in private out of earshot. This enabled sensitive information to be handed over on a need to know basis.

Relatives told us that they could visit people at the service whenever they wanted to. One relative told us, "I come at all different times." They told us, "The staff are very good they have contacted me whenever, I need to be informed about anything." Another relative informed us that since their relative had become increasingly unwell they had visited more frequently and for longer periods. They were comforted by the care and support provided not only to the person but the whole family.

Requires Improvement

Is the service responsive?

Our findings

People lived in a stimulating environment and activities were provided but these were not felt by people to be sufficient. An entertainer came during the afternoon of our inspection which had been planned in advance. This was enjoyed by those present. One person told us, "I like this but would also like more books, magazines or maybe playing cards, or dominos and puzzles." The main lounge regularly had music playing which from people's interaction of smiling and telling us how it reminded them of events they enjoyed. There were fish tanks, birdcages and flowers in the lounges for people to enjoy looking at. Fruit, crisps in bowls and drinks were available and a newspaper was on the side for people to read. We saw one person was busy colouring. The activities person started up a game of catch with a ball, but it only went on for three or four catches per person, then they were off elsewhere in the service. People told us they liked the activities but would have liked more. The service employed two activities coordinators, but one was on leave during our inspection and their time was not covered and the staff member on duty worked 25 hours a week.

One person who used the service was colouring but there were no other activities taking place and no activities person in the lounge after initially introducing this activity. Earlier in the morning, we had seen the activities person handing out different textures objects for people to touch and feel. Because there was no-one there prompting or encouraging people, we saw one person was asleep with a texture in their hand and another person was asleep with it placed on the table next to them. People with a diagnosis of dementia will have a reduced concentration span and will require support and prompting to maintain an activity.

A person was permanently cared for in bed. We saw that the service was accurately recording when the person was turned and there were fluid/food charts. The person was watching the sensory lights that had been installed in their room. A staff member was sitting helping them with their lunch, nothing was rushed and encouraging words were used. The staff member showed us the photo-box that had pull out photo sleeves, and clearly written on the edge of each slide was, who the person was in the photo and the relationship to the person. The staff member told us, "We can pull each photo out and have a chat about the photo, and because it's got all the details we can be more personal by mentioning the names of the people in the photo, the family have prepared this for us to use."

A member of staff explained to us how they organised the inner courtyard garden. They informed us about how people using the service had grown beans and tomatoes. There were raised beds which meant people could join in quite easily. They also explained that people wanted rabbits which were also cared for in this part of the garden for people to watch. Protected from the rabbits were bulbs coming along, and people could cut the flowers in the spring. The garden had been developed for people to sit outside and enjoy. For the coming year it had been decided by all involved to try to grow seed potatoes.

The manager explained the care plans were of a standard layout so that it was easy to find information. All of the care plans we looked at contained an assessment of the person's needs. Where risks had been identified there was in many cases a risk assessment in place with clear information about what the staff were to do to support the person. The care plans had an assessment and when it was identified the person

required support, the plan was person-centred and detailed about the person's choice regarding how the support was to be provided.

We saw in one care plan that a body map had been completed to identify the location of pressure areas, skin markings or injuries sustained by the person. However, they did not record how the wound had occurred and following the initial assessment there was no evidence that the staff were monitoring the progress of the wound to show when it had resolved or to indicate when additional specialist advice may need to be sought. We raised this point with the manager who said that the care plan reviews would be amended to rectify this issue.

The service had informed us of a safeguarding alert made to the safeguarding authority and had recorded information in the safeguarding file. However the measures put in place to support the person were not clearly recorded including in the person's review which stated no concerns. The staff we spoke with were aware of how to support the person. Care plans need to be accurate in order that they can be reviewed and any subsequent action planned.

There were no clear details in people's care plans that would be used should the person be admitted to hospital, usually referred to as hospital passports. The manager explained how information was compiled at the time to be taken with the person. However for the future much of this information could be prepared in advance and adding the details of why there was a need for admission would be added at that time.

Records showed that staff documented incidents when people displayed behaviour of concern. The information recorded an outline of what happened prior to and during the event and what action the staff had taken to support the person during the particular incident. However, although the incidents were recorded the information had not been used to formulate guidelines for staff about how to manage patterns of behaviour that may help them manage or reduce incidents in the future. This was an opportunity lost to ensure a consistent approach was adopted by staff. We were informed by the manager that the deputy manager would use their protected time to review the care plans and bring this to the attention of the staff.

We saw in one person's care plan a clear risk assessment regarding how they would be supported with some mobility difficulties by the staff. The person had a diagnosis of diabetes which was recorded in the care plan and known by the staff. However the care plan did not have a risk assessment to advise staff of what action to take should the person's blood glucose levels go above or below the recommended levels. The manager informed us that they would address this issue and work closely with the district nurses in the existing monthly meetings to be aware and monitor the person's well-being with regard to their diabetes.

Each person had been assigned a key worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards in consultation with the manager or deputy manager

The service had a robust complaints process in place. A copy of the complaints policy was on display in the reception area. The people and the relatives we spoke with were aware of the complaints process. One person told us, "I have no complaints but I would tell the manager if I did and I am sure they would sort things out." We saw that the service had received many compliments in the past year.

A person told us that they had raised a complaint over a number of issues with the service. There was a meeting planned with the manager and the local social services the week after our inspection to discuss the issues which had been raised in writing. We could see at this point the service was following its policy and procedure to handle complaints.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. They were supported by a deputy and other senior staff so that a senior person was on duty over the 24 hour period. The manager and deputy took it in turns to provide an on-call 24 hour support service to the senior staff when they were not on duty at the service. People told us that the management team was approachable and always available to them. One person said, "The manager is understanding because they have done every job in the home and they will always help."

Relatives told us they found the reception staff very helpful and effective. One relative said, "Nothing is too much trouble they are always helpful." There were regular meetings arranged throughout the year for relatives and also for the people who used the service.

The service had a statement of purpose which had been reviewed and clearly stated the intentions of the service and how it intended to provide individual assessed care and support people to remain independent and meet their aspirations as far as possible. The staff were aware of the statement as it was referred to in supervision and staff meetings.

One person told us "I have a beautiful room and I so much enjoyed sitting here and looking out onto the fields, we used to see rabbits, foxes and some little deer, but all I can see now is that huge fence, I'd like to talk to the person who thought it was a good idea to block everybody's view, it's really awful." The person was referring to a fence erected just yards from their window which had blocked the view. We asked the manager if they could work with all concerned to see if a solution satisfactory to all of a pleasant view while supporting the security of the service could be achieved.

A staff member told us, "Not everyone likes the new decorations, we do not think they are overall dementia friendly and I arranged a meeting with the manager to discuss this." The manager informed us they were aware that not everyone was happy with the new décor and they were trying to find the best solution to suit all. The manager also told us that a learning curve for them and the service was to work closely with people and their families should the person needs become too great for the service with regard to nursing care. The manager spoke highly of the support from other professionals which meant that as team frequently the service could support people with deteriorating needs in their home. However they needed to discuss with their manager, if a person's needs became so considerable that these would be better meet by a nursing service where the staffing ratio would be higher.

We also raised with the manager the concern we heard from some people using the service about a letter from the company saying that £15 an hour would be charged if staff attended a hospital appointment to support a person. The manager informed us they would discuss this with their manager. We were also aware of a small number of concerns about clothing going missing and spoke with the manager about possible confusion as the service was numbered from 1 to 32 for each of the units. So there were two rooms with the numbers eleven, twenty-one, thirty-one and so on. People we spoke with thought a new numbered system may be of benefit.

One person said, "I see the manager regularly they come around and talk with us to see how we are, they are very kind." A member of staff told us, "I started as a domestic here but am now on day care. It's a lovely home, and the people are nice to work with, nice staff as well." They further explained, how they had been encouraged to develop their skills.

Staff told us they were content to be working at the service and many staff had worked at the service for a number of years. This was put down to a good supportive team. The staff we spoke with reported that they had received good training staged throughout the year and were supported through supervision by members of the management team.

For the majority of the time a staff member was present in the lounges and was engaged with chatting to people. The deputy manager informed us that staff would base themselves in the communal areas and when not present would be checking upon people in their rooms. Not all people using the service would be able to use their call bells and hence the staff would check upon those people's health and well-being at time during the day. Throughout our inspection we were aware that call bells were answered within a short period of time.

The service had carried out quality monitoring surveys with people who used the service, their relatives, staff and other stakeholders. We saw the results from the last surveys were positive, in particular the interactions between the people using the service and staff. We also noted that suggested actions having been considered were reported back when they would be introduced. We also saw that relatives found the manager and staff approachable and helpful.

We asked the manager how they monitored the quality of the service. They told us they carried out a daily walk around of the service to see the people using the service, relatives and any issues of maintenance. This was confirmed by the people using the service, relatives and staff. The manager also told us and showed the information to us about a range of quality audits undertaken which included for example, meals, people and relatives satisfaction and infection control. All of these were up to date and included actions for any identified issues. The manager delegated tasks to various staff and in particular to those that had shown an interest in that area for their development which linked to their annual appraisal. Staff meetings were held regularly. Discussion items included training, safeguarding, food and fluids. The minutes included action points agreed to be done. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The manager told us that in order to improve communication amongst staff and relatives a communication board had been put up at each staff station. Staff used it to ensure that information received from relatives was cascaded to highlight essential events or changes in people's needs. The communication was kept confidential at the staff station, but was clearly visible for the staff to remind them of important information

The manager had implemented systems to audit various health and safety and treatment monitoring within the service. This was to monitor effectiveness and take actions as required for improvement. We saw that the handover sheet used between shifts contained information about activities, medication and also health and safety checks so that all staff were aware of important information.

The service had recently been through an extensive refurbishment. There was good lighting and non-patterned flooring, door frames had been painted yellow and toilet seats were blue so that they were more easily identifiable to people, particularly those people living with dementia.

Staff also told us that the manager encouraged staff to look at ways of maintaining and improving people's

independence and was highly encouraging of staff to develop their skills.