

Mr & Mrs M Sharif

# Orchard Views Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

Orchard Views is a purpose built care home providing accommodation for up to 40 people. It mainly supports older people, some of whom are living with dementia. The home does not provide nursing care. The home has provision for people to stay on a permanent and short stay basis. Limited car parking is available on site. At the time of the inspection 26 people were living at the home.

The inspection took place on 22 and 23 August 2017 and was unannounced on the first day, which meant no one related to the home knew we would be inspecting the service. The home was previously inspected in June 2016 when we judged the overall rating of the service to be 'Requires Improvement'. We identified breaches of the following Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 [Service users must be treated with dignity and respect] and Regulation 15 [Safety and Suitability of premises]. We asked the registered provider to submit an action plan outlining how they were going to address the shortfalls we found, which they did.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Orchard Views' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At this inspection we found that the provider had met the breaches in Regulation we highlighted at our last inspection. Improvements had been made to ensure the home was better maintained and met infection control guidelines. However, further work was required to improve the general environment of the home and staff training. We saw the registered provider had a detailed action plan that covered all the areas still needing attention, as well as plans for future improvements.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The home had a friendly atmosphere which people described as welcoming. Everyone we spoke with told us Orchard Views was a friendly, caring and safe place to live.

Throughout our inspection we saw staff supporting people in an inclusive, kind, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

People told us they felt the home was a safe place to live. We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made.

A structured recruitment process helped make sure staff were suitable to work with vulnerable people.

People received their medications safely from staff who had completed medication training.

Recruitment procedures were robust; thereby ensuring essential checks were completed prior to staff commencing employment. Staff told us they had received an induction when they commenced working at the home, but we found this had not always been documented.

People we spoke with told us they thought staff had the right skills and knowledge to support the people who lived at the home. However, training records failed to evidence that all staff had completed the expected refresher training in a timely manner. The registered manager had identified this and was in the process of arranging further training.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People told us they were happy with the meals provided.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support.

People had been involved in need assessments prior to moving into the home, as well as in planning their care. Care plans outlined peoples' needs, risks associated with their care and their preferences.

The home employed an activities co-ordinator to facilitate social activities. People told us they had enjoyed the activities provided.

We saw the complaints policy was available to people who used and visited the service. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns. Complaints received had been recorded and investigated appropriately.

There were systems in place to enable people to share their opinion of the service provided. This included meetings, surveys and reviews.

There was a quality assurance system in place so the registered provider could monitor how the home was operating. Systems identified the majority of the shortfalls we found during our visit, and actions plans were in place to address them. However, this needed embedding into practice.

The registered provider had not always submitted notifications to the commission in a timely manner. However, this has since been addressed.

Further information is in the detailed findings below.

## 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.

Infection control practices had improved. The concerns we found at the last inspection regarding the environment, which had posed a risk to people, had been addressed.

There were effective systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and we saw there were sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medication safely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements had been made to the general environment of the home, but further work was needed to bring all areas up to a good standard.

Staff had received training to enhance their knowledge and skills, although we noted that some staff required further training.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

### Is the service caring?

Good ●

The service was caring.

Staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff were aware of people's needs and the best way to support them, whilst maintaining their independence and respecting their choices.

### Is the service responsive?

Good 

The service was responsive.

People had been involved in developing care plans that told staff how to meet their needs and preferences.

People had access to a varied in-house activities programme and occasional outings into the community, which they said they enjoyed.

People were aware of how to make a complaint and knew how it would be managed. Where concerns had been raised action had been taken to address them.

### Is the service well-led?

Requires Improvement 

The service was well led.

There were systems in place to assess if the home was operating correctly, but these needed to be embedded into practice.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

The provider had not always submitted notifications to the commission in a timely manner.

# Orchard Views Residential 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 checked 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.

An adult social care inspector carried out the inspection on 22 and 23 September 2017, and it was unannounced on the first day. The inspection team consisted of an adult social care inspector 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. Their area of expertise included older people and caring for people living with dementia.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and healthcare professionals, such as the infection control nurse for the Barnsley area. We also contacted Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 26 people using the service. Over the two days we spoke with six people who used the service, three visitors and a community staff nurse. We also spoke with one of the company directors, the registered manager, the deputy manager, a senior care worker the cook and four care workers.

We looked at the care records belonging to two people who used the service, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff recruitment and training files. We also reviewed quality and monitoring checks carried out by the home's management team.

# Is the service safe?

## Our findings

At our previous inspection in June 2016 we found a breach of Regulation 15 [Safety and Suitability of Premises] of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider was failing to take appropriate steps to protect people from harm and did not always ensure that all areas of the environment were clean and properly maintained.

At this inspection we found improvements had been made. The infection prevention and control specialist at Barnsley council have been monitoring the home. They told us they had been working with the registered manager and although they were still working through some outstanding actions the main concerns had been addressed. Following their visit in July 2017 they said, "There had been quite a marked improvement in the cleanliness, organisation and maintenance of the home over the various visits I have made since last November. Flooring has been replaced, outstanding painting jobs have been addressed and the basement, which was full of rubbish, is now being cleared steadily."

During our visit we saw the home was generally uncluttered, and sluice rooms, bathrooms and toilet areas had been redecorated or tiled to a good standard. A structured programme of redecoration and replacement of the rest of the floor coverings was underway, but this had been delayed due to the maintenance person leaving. Following our visit the registered manager confirmed that a replacement had been recruited and was starting work shortly. In the meantime they were receiving assistance from the registered providers other home in the area.

There were no unpleasant odours detected around the home and there was a robust system in place to ensure the home maintained good hygiene standards. Staff also told us a second cleaner had been employed, which had made a big difference to the home. A senior care worker said, "There is a deep cleaning programme in place now, commodes are cleaned regularly and new mattresses have been bought where needed."

A community nurse told us they thought the changes to the environment were very positive. They said the home was no longer 'dingy' and infection control had improved. They added "There are no smells now and bins in rooms are being emptied, which reduces the odours." Staff also commented positively about the changes that had been made. One care worker said there had been, "Massive changes, especially since the new manager came on board."

People living at the home, relatives and the staff we spoke with indicated they felt the home was a safe place to live and work in. Everybody we spoke with was positive the care they or their family member received was safe. One relative told us, "Yes, it is safe considering how many residents there are." Nobody reported any incidents that particularly concerned them and they felt staff handled interactions with people well. One relative said, "They [staff] are absolutely brilliant, fantastic, they do a good job they manage people well."

Care files contained risk assessments to minimise any potential risks to people using the service. These provided clear guidance to staff, and had been reviewed on a regular basis. Staff we spoke with

demonstrated a good knowledge of people's needs and how to keep them safe. They described how they encouraged people to be as independent as they were able to be, while monitoring their safety. We found when people were assisted to move around the home this was done patiently and in an appropriate manner. For instance, we saw staff moving someone using a hoist, this was carried out in a professional way and the person being hoisted did not appear to be distressed at all.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Records showed the majority of staff had completed training in this subject. Staff we spoke with understood their responsibilities in promptly reporting concerns and taking action to keep people safe. Where safeguarding concerns had been reported to the local authority we saw the provider had worked with them to resolve any issues. However, we had not always been notified of incidents reported to the safeguarding team. This was discussed with the registered manager prior to the inspection, so when we visited they were ensuring notifications were submitted in a timely manner.

People we spoke with felt staffing levels at the home were good. One person living at the home said, "Yes, the days of fine and the nights are fine." Most people felt there was a good response to requests for assistance both in the lounge and responding to the buzzer. One person living at the home said, "Generally, there is a member of staff around if you want them." However, another person said on one occasion they had a long wait for a response to their buzzer. They also said they felt they had not always been taken into the dining room promptly at the start of mealtimes. We observed call bells were answered promptly and people received prompt care and support during our visit. People we spoke with felt the level of regular staffing level was good, with little use of agency carer workers. A relative told us, "You see the same ones [staff] more or less all the time."

We checked the number of staff on duty during our inspection and found there was sufficient staff to meet the needs of the people living at the home at the time of the inspection. The registered manager told us they calculated the number of staff needed by looking at each person's assessed needs as part of the care planning process. This was recorded on a dependency risk assessment in their file, but the information had not been pulled together to provide an overview of the whole home's needs. The registered manager said she would look into doing this in the future. We saw staff were very well organised and people were seen receiving care and support as and when requested. Overall staff felt there were sufficient staff on duty to meet people needs if there were five care staff on duty during the day.

There was a robust staff recruitment system in use which included pre-employment checks being undertaken prior to candidates commencing employment. For instance, obtaining written references and a satisfactory police check. The aim of these checks is to help reduce the risk of the provider employing a person who may be a risk to vulnerable adults. The registered manager told us that since the last inspection the registered provider had decided to renew staffs' police checks every three years as this would help to further safeguard people.

Medication was managed safely, with senior care workers taking responsibility for administering medicines. A senior care worker described a safe system to record all medicines going in and out of the home. This included a safe way of disposing of medication no longer needed. Medicines and records sampled demonstrated that overall staff were following the home's procedures. Since the last inspection the service had introduced a new medication system which the registered manager said should make the auditing of medicines more robust. All the people we spoke with told us they were happy with how staff supported them to take their medication and confirmed it was given in a timely manner. A relative said, "It can be difficult to give [family member] meds [medicines], the staff do try to give them on time."



We found the room where medication was stored had been changed since the last inspection and the new room had no ventilation, so felt quite warm. When we checked the temperature it was 27 degrees, which was outside acceptable levels. Records showed temperatures had been above the maximum temperature over the previous week, but there was no evidence that any action had been taken. We spoke with the registered manager and the provider's representative. They said they would address this straight away. Since our visit the registered manager has provided evidence to show that an air-conditioning unit has been purchased and temperatures are now within acceptable limits. They told us they were also ordering thermometers that recorded the average maximum and minimum temperatures over the day, as this would make monitoring more robust. A new medication fridge was also on order as the one provided by the new dispensing chemist was too small.

At the last inspection we saw the South Yorkshire fire and rescue service had visited the home on 15 April 2016 and had agreed that the risk assessment should not be updated until after work on the roof was completed. At this visit we found the work on the roof had been completed and the fire risk assessment had been reviewed and updated. The registered manager said the fire office was due to visit shortly to check all work had been completed satisfactorily.

## Is the service effective?

### Our findings

At our last inspection in June 2016 we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 [All premises and equipment must be kept clean and properly maintained.] This was because the home was in need of refurbishment and redecoration.

At this inspection we found improvements had been made, but further work was required. Many of the carpets had been replaced. Corridors and some communal areas and bedrooms had been redecorated. New chairs had been ordered to replace ones no longer fit for purpose and the home had been generally improved. However, other areas were still to be addressed. For instance, we saw rolls of floor covering had been purchased and stored in an unused communal area, as there was no maintenance person to lay it. Following our visit the registered manager confirmed that a replacement maintenance person had been recruited and was starting work shortly. A director of the company showed us their plans for further improvement. This included changes to the interior and exterior of the home.

Generally people said they were happy with the home's environment, with relatives making positive statements about the improvements made. One person who lived at the home said, "It's very good and clean." A relative commented, "Inside [the home] is marvellous these days, outsides okay."

All the people we spoke with told us they were happy with the care and support they received. They responded positively about the level of training of the staff and the life quality they provided. One person said, "They definitely know what they're doing, I wouldn't be here if they didn't." Relatives also told us they felt staff had received the training they needed to meet people's needs. A community nurse said, "The staff mix is good and staff follow guidance and instructions well."

Staff told us they had received an induction when they began working at the home. This included a full orientation of the home, fire procedures and shadowing an experienced care worker until they were assessed as being confident and competent in their role. However, there was no documentation to show that initial structured inductions had taken place. We found that one member of staff had completed the care certificate in 2016, and the registered manager told us three new starters had just been enrolled on this training. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We saw some staff had completed a 'mini care certificate', but this did not provide the depth of the full certificate.

The registered manager told us since she came to the home in January 2017 she had found a lot of staff had not completed training in line with company policies, therefore she had begun to organise appropriate training. She also told us a new trainer was working with the home to ensure shortfalls were addressed quickly.

Training already arranged included, safeguarding adults and children, infection control and health and safety for all staff. The registered manager told us, "All my seniors [care workers] and kitchen staff, including

me, are booked to complete first aid and food hygiene with Barnsley Workforce Development at the local town hall." Other gaps in the training matrix included topics such as food hygiene and training in how to support people living with dementia. The registered manager told us the dementia champions were completing a distance learning course that would enable them to share information with other staff, and she was to complete an advanced course in supporting people living with dementia. She also told us some staff were completing e-learning in subjects such as food hygiene, while other staff were undertaking distance learning workbooks.

The company had encouraged staff to complete a nationally recognised care award and the registered manager told us all staff who had not already completed the award were being enrolled by the new trainer.

Systems to support and develop staff were in place through regular supervision meetings with their line manager. These meetings had been either on a one to one basis or in small groups. They gave staff the opportunity to discuss their own personal and professional development, as well as any concerns they may have. One care worker told us, "If there is anything I need to improve I like to know I can talk about it, and we do." Annual staff appraisals had, or were being completed, which meant staff were formally supported in relation to their roles and responsibilities.

Records showed people were supported to maintain good health. This included accessing external healthcare services when required, such as GPs, district nurses, chiropodists and dieticians. People confirmed there was good access to health care professionals. One person said, "Yes, we see the doctor and the chiropodist and other people." Relatives said they were kept informed about referrals to healthcare professionals. One relative commented, "They always let you know if they had to call somebody, and you are told about small changes when you come in."

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. The 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 DoLS. We found most staff had completed training on these subjects.

The registered manager had completed mental capacity assessments and DoLS applications had been made where applicable. Where DoLS applications had been granted, documentation was in place outlining the restrictions agreed. The registered manager told us she had submitted a number of DoLS applications to the local authority, but was waiting for the outcome. We found where decisions had been made in people's best interest these were adequately recorded.

Everyone we spoke with said that the staff asked for their consent before carrying out care and explained what they were doing. One person commented, "They explain things to make sure I know what's happening." We also found the majority of people felt they had discussed their care with the staff. One person said, "They come and see me and talk about things about my care." People told us they could make decisions about how they spent their day, with one person commenting, "You choose for yourself what you do."

People spoke positively about the meals served at the home, the cooking and portion sizes. One person told us, "The food is champion, I can't complain, there is enough to eat." Another person said, "They [meals] are good, very good portions and you can ask for more, there is a reasonable choice." A third person commented, "Lovely meals. I can't grumble." People also told us drinks and snacks were provided between meals.

We observed lunch being served on the first day of our inspection. We saw the dining room was clean, bright and welcoming with background music, pictures on the walls and vases of flowers. There was a hand-written menu on the wall, although we noted there was no dementia friendly menu available to assist people who had difficulty communicating to see what the meal options were. People had chosen what they wanted to eat prior to the meal, so staff reminded them as they served their meal. We saw most people had chosen the main option, but others had selected a baked potato. Staff were knowledgeable about which people may want clothes protection. We also saw one person was given extra cabbage without asking for it, the care worker said to them, "I know it's your favourite." This showed the care worker knew the person well and wanted to make sure they received their meal to their liking.

The number of staff in the room varied throughout the meal, but this did not seem to cause any difficulties, the food was served in a calm way and people were not rushed. Staff took time to interact in a friendly respectful way with people. Where people needed assistance they gave them individual attention, whether they were talking to them or helping them eat their meal. People generally appeared to enjoy their meal as most were eating with enthusiasm and people cleared their plates

People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which highlighted if they were at risk. Care plans were in place to guide staff regarding supporting people to eat and drink enough. Where needed, outside healthcare professionals such as GPs, speech and language therapists and dieticians had been involved. We also saw where necessary monitoring charts had been used to record and assess people's food and fluid intake. People were weighed regularly and staff monitored any weight changes. One person said, "They weigh me regularly every fortnight."

# Is the service caring?

## Our findings

At our previous inspection in June 2016 we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was in relation to toilets facilities not being secure, therefore posing a risk to people's dignity. At this inspection we found locks had been replaced or repaired, therefore promoting people's dignity.

People living at Orchard Views told us staff provided a good standard of care that met their needs and preferences. We also spent time talking to relatives and observing the interactions between staff and people who used the service. We saw staff were caring, kind, patient and respectful to people, and people were relaxed in their company. Staff communicated with people well, and when necessary they spoke with people by bending down to their level to communicate with them more effectively.

People's comments indicated that staff respected their decisions and they said they had been involved in planning their care. They felt staff took the time to listen to them and would try to act on any concerns they had. One person told us, "They [staff] have got the patience to listen and they would do things if they could." This was also confirmed by the visitors and staff we spoke with. Everyone we spoke with was happy with the quality of the care given by the staff and the manner of their interactions. A relative told us, "It's jolly, the girls [staff] are lovely, patient, friendly, they hug and kiss them [people who use the service]."

Everyone we spoke with felt people were treated with respect and dignity and care was taken over their privacy. One person said, "Oh yes, they do my injections in private." Staff demonstrated a good knowledge of people's needs and preferences, as well as the best way to support them, whilst maintaining their independence as much as possible. We saw staff supporting people in a responsive way while assisting them to go about their daily lives. They treated each person as an individual and involved them in making decisions.

Staff described to us how they preserved people's privacy and dignity by closing doors and respecting people's confidentiality. One care worker told us, "If someone wants to use the toilet, and wants to be left alone, we do that, as long as it's safe." The registered manager told us she had appointed 'dignity champions' whose job it was to promote dignity within the home and share good practice with other staff. They said these care workers were undergoing special training to help them with their role.

We saw people chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas, and staff respected these decisions. Staff said they offered people choice in areas such as the food they ate and the clothes they wanted to wear and when they wanted a shower. This was confirmed by the people we spoke with. For example, one person said, "I could have two [showers] a day if I wanted."

Staff told us that although one person living at the home was from another country and spoke good English, they had learned some basic words in the person's first language so they could interact with them. For instance, one care worker demonstrated how they would ask them if they wanted a cup of tea.

People were provided with information about how the home operated, such as the complaints procedure. The registered manager told us that apart from the formal systems for gaining people's views, such as meetings and surveys, she had an open door policy regarding people coming to talk to her. She added, "I chat to people and ask if they are happy."

We saw information about advocacy agencies was displayed in the home in case anyone required additional support. Advocates can represent the views of people who are unable to express their wishes. The registered manager described to us how an independent advocate had been used to support someone who lived at the home. This showed people's rights were being considered.

Visitors told us they could visit the home without restriction. We saw visitors freely coming and going as they wanted during our inspection.

People's feelings about their end of life care was being updated as part of the new care planning system. We saw the majority of staff had completed training in this subject, although the registered manager told us further training was required.

## Is the service responsive?

### Our findings

People we spoke with told us the standard of care provided at Orchard Views was good. They said they were happy how staff delivered their care and support and spoke positively about staffs' knowledge of their individual needs. We saw people interacted with staff in a positive way and they told us staff were responsive to their needs. One person said, "Yes, they know me inch by inch."

We saw an initial assessment of people's needs had been carried out prior to them moving into the home. Where possible the person, and their relatives if applicable, had been involved in these assessments. People we spoke with confirmed they, or another member of their family, had been involved in planning and reviewing the care provision for themselves, or their family member.

Each person had a care file which contained information about their care needs and any risk associated with their care. We found people's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan. The registered manager told us they were reviewing and rewriting care plans to ensure they were up to date and included all required information. At the time of our visit they had completed 13 files, with a further 13 to be completed. Care files we checked gave a clear picture of people's needs and preferences and were person-centred in the way that they were written. For example, they included information about people's preferences, the people important to them and how they liked their care to be delivered.

Each person also had a supplementary file which covered topics such as food and fluid monitoring, body maps and pressure relief monitoring, these were only used if people had an identified risk in that area. The files also contained daily notes which detailed how each person had been that day, visits from healthcare professionals and any changes in their wellbeing.

Care plans and risk assessments had been regularly reviewed to ensure they were up to date. Daily handovers and care notes ensured new information was passed on at the start of each shift. This meant staff knew how people were each day and any areas that needed to be followed up. Generally people we spoke with felt they were actively involved in their daily care. A relative told us, "We talk about the care, they [staff] listen and react." Another person commented, "Yes, I am involved in my care plan and reviews."

The home employed an activities coordinator who was responsible for facilitating social activities at the home. During our visit they were not on duty, but we saw the care staff provided some activities for people. For example, we saw a game of giant skittles taking place. We saw other activities arranged by the activities co-ordinate included bingo, arts and crafts, quizzes, a barbeque, movie afternoon, a strawberry cream tea, and outings for shopping and meals out. We saw the arts and crafts people had created were displayed throughout the home.

People spoke positively about the level and quality of the activities provided, both one to one and in group sessions. One person said, "I take part in the activities, they are very good and there's lots to do." People told us occasional outings were organised and that they were assisted in going outside if they wanted to. A

relative commented, "They can sit out if they want." People said they were free to take part in the planned activities, or not, it was their choice.

Staff told us a hairdresser visited the home on a regular basis and described how people were supported to follow their religious beliefs.

The service had a complaints procedure which was available to people who lived and visited the home. However, the people we spoke with said they were not aware of the formal complaints procedure, but they said this was not an issue as they did not want to make a complaint. A relative said, "I have not made any [complaints] at all, I would just talk to the manageress." Everybody we spoke with said they would be comfortable raising issues with members of staff. One person told us, "Very easy to talk to [staff] they are good."

We saw a system was in place to record the details of each complaint, what action was taken and the outcome. Three complaints had been recorded since our last inspection. We saw each concern had been investigated and responded to. This demonstrated that the registered provider listened to people's concerns and took action to address any shortfalls.



## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Everyone we spoke with said they felt the home was well managed. People spoke positively about contact with the registered manager. A relative said, "She is very approachable, nice, she listens to any problems or questions." They also told us there was a good atmosphere in the home and everybody said they would recommend it to others. One person commented, "It's champion." A visiting community nurse told us the home had improved, stating, "It [the home] is ten times better, we can recommend it now."

People said they were happy with the support they or their relative received and the general facilities at the home. When we asked people if there was anything they would like to change to make things better, some people could not think of anything, while other people shared their ideas. One person said a large television would be beneficial in the large lounge; this was something we had already raised with the registered manager. Relatives commented: "We could do with new chairs," "Hurry up with the redecorating" and "No, only the things that are being done." We saw the registered provider was already taking action to make improvement in all these areas.

The registered manager told us they were looking at different ways to involve people in the running of the home and to gain their opinions on how the home operated. They said this had proven difficult as no-one had attended the three 'resident and relatives meetings' they had arranged. However, they had used questionnaires to gain people's opinions. These were still being returned and analysed, but the ones already received contained positive answers to the set questions, as well as positive comments. For instance, one person had written, "I am really pleased with the efforts the home is making to improve facilities, both inside and outside of the premises." Another person wrote, "I can't fault the staff and management, who are professional at all times." On the whole people had not highlighted any improvements they felt were necessary, but one person asked for a bigger pool table and another said they would like a smaller room.

The registered manager told us they were also introducing 'resident of the day' into the home as a way of gaining people's opinion. They said this would include checking that each person is happy with everything, including their planned care and the facilities provided. They will also be visited by the cook, maintenance person and the activities co-ordinator, to see if they want anything changing.

We spoke with one of the directors of the company who discussed the improvements already made and then showed us the action plan for developing the home further. This covered all areas still needing attention, as well as plans for future improvements. For instance, they said they wanted to make the car park bigger and resurface it, so it provided more space for parking and was safer for people to walk on. They told us they hoped to complete all the redecoration and refurbishment on people's rooms within six months.

Staff confirmed they completed questionnaires and attended meetings where they could voice their opinions, as well as receiving regular support sessions. They told us the registered manager had an open door policy which meant they were always happy to speak to people informally on a one to one basis. Staff told us they enjoyed working at the home. One care worker said, "It's a nice place to work." They added, "The manager has worked hard to put things right. She came at a time when things were at rock bottom and she has brought us a long way, she does things by the book."

There were policies and procedures to inform and guide staff and people using the service. The registered manager said these were very new and she intended to check through them to ensure they fully reflected how the home intended to operate. Staff were available to access these in the manager's office. We saw staff were organised in their work and knew what their roles and responsibilities were. They told us they worked well as a team and supported each other.

We saw daily, weekly and monthly checks had taken place to check the home was operating to a satisfactory standard, and staff were following company policies. These covered topics such as the environment, the condition of mattresses, bed rail safety, care plans and medication practices. The registered manager told us the company had used an independent auditor in June 2017 to assess the audit system and changes had been made to make it more robust. We saw that overall audits had identified areas needing attention and had been effective in making improvements, but these needed to be tested further and then fully embedded into practice.

Prior to the inspection we noted that we had received notifications from the home regarding the outcomes of applications made under Deprivation of Liberty Safeguards (DoLS) and other notifiable events. However, we found that we had not been notified about two recent safeguarding concerns referred to the local authority. This was discussed with the registered manager prior to our visit and they said they would ensure notifications were submitted in a more timely way.

We also found the service was supporting people living with dementia, but had not informed us of this as required. We looked at the home's Statement of Purpose, which stated the home provided care for people living with dementia. We discussed this with the registered manager and one of the company directors, who said they would address this as soon as possible. Following our visit the registered manager confirmed they had submitted the notification to add the dementia category to the type of people they intended to admit to the home.

During our visit we saw the environmental health officer had recently awarded a four star rating for the systems and equipment in place in the kitchen. The registered manager said improvements needed had been addressed and they were waiting for them to return and reassess the rating. Following our visit we received confirmation that following a return visit the environmental health officer had awarded a five star rating. This is the highest rating achievable.