

# Anchor Trust Barnfield

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Barnfield provides care and accommodation for up to 63 people, some who are elderly and frail, others who may be living with dementia. At the time of our inspection there were 59 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager helped us during our inspection.

We last inspected Barnfield in June 2016 when we identified a breach of regulation relating to acting within the principals of the Mental Capacity Act. We found at this inspection this had improved.

Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). We identified some areas in relation to people's medicines that staff needed to improve in. The registered manager took immediate action to address this immediately following our inspection.

The registered manager told us that care records were being worked through as he was aware that these needed to accurately reflect people's needs. Although we found some improvement was required in this area we were satisfied that people received the care they required despite some records not always reflecting this.

Accidents and incidents were recorded and action taken to help prevent reoccurrence. Where people had risks related to them, these had been identified and guidance was in place for staff.

People lived in an environment that the staff checked regularly to help ensure it was safe for them. Staff were knowledgeable in relation to their responsibilities with regard to safeguarding and the registered provider carried out checks to help ensure they only employed suitable staff to work in the home.

Staff supported people to eat a good range of foods and those with a specific dietary requirement were provided with appropriate food. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

People were encouraged to take part in activities both in the communal lounge and also in individual living areas. People lived in a homely environment. People's rooms were cosy and personalised and there was programme of redecoration taking place in the home.

We found the registered manager had good management oversight of the home and there was a good culture within the team. Staff told us they felt supported and valued and we found staff had the opportunity to meet with their line manager regularly to discuss their role. Staff received an induction when commencing within the home and their training was updated routinely to ensure staff continued to work to

best practice.

There were a sufficient number of staff on duty and we did not see people needing to wait for attention. It was evident staff knew people well and respected people when they wished to have time alone. Staff were caring to people and there was easy going conversation between people and staff.

People, relatives and staff were involved in the running of the home. Regular meetings were held and a questionnaire circulated so people could give their views on the care provided. Where suggestions and ideas were raised these were listened to by the registered manager.

Staff and the registered provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned. Regular fire checks and fire drills were carried out to help ensure staff would know what to do in the event of an emergency and there was a contingency plan in place should the home have to close.

A complaints procedure was available for any concerns. People and relatives could also leave positive comments and feedback.

During our inspection made two recommendations to the provider.

## 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.

Medicines management processes on the whole were good and the areas we identified as lacking were immediately acted upon by the registered manager.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home .

Staff knew what to do should they suspect abuse was taking place and there was a plan in place in case of an emergency.

### Is the service effective?

Good ●

The service was effective.

Staff followed the legal requirements in relation to decisions made for people or restrictions that were in place.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate.

People had involvement from external healthcare professionals to support them to remain in good health.

### Is the service caring?

Good ●

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to make their own decisions.

Relatives were welcomed and able to visit the home at any time.

### **Is the service responsive?**

**Good** ●

The service was responsive

People were able to take part in a range of activities.

Staff responded well to people's needs and we were satisfied people received the care in line with their needs.

Complaint procedures were available for people should they wish to complain.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager had a good management oversight of the home and staff said they supported them when they needed it. We found that any issues we identified on the day were immediately acted upon by the registered manager.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and staff.

# Barnfield

## 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 was 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 was an unannounced inspection that took place on the 8 June 2017. The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is someone who had experience of caring for someone who lives in this type of setting.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR) prior to our last inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR again before this inspection to check if there were any specific areas we needed to focus on.

During the inspection we spoke to with the provider's district manager, the registered manager and deputy manager and seven staff. We also spoke with 13 people, two relatives, two visitors and one health professional. We received feedback from one healthcare professional following our inspection.

We looked at a range of records about people's care and how the home was managed. We looked at seven care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also reviewed six staff recruitment files.

Following the inspection we received feedback relating to Barnfield from one health professional via email.

# Is the service safe?

## Our findings

People said they felt safe living at Barnfield. One person told us, "We feel very secure." Another person said, "I feel safe. Whatever the staff decide on safety measures I go along with." A further person told us, "Yes, doors are locked at night, always someone around when you need them."

People told us they received the medicines they required. One person said, "Every day and on time." Another told us, "I get it when it's due." Further comments included, "Oh yes, that one thing – I get my pain relief as and when I need it" and, "Very prompt with that."

Although people told us they received the medicines they required, we found some practices relating to medicines administration required improvement by staff. At lunch time we observed a staff member dispense some 'as required' (PRN) medicines to one person and ask a member of care staff to give the person their medicines when they finished their lunch. However, we noted the first staff member had already signed to say the person had received their medicines.

Furthermore, we found one person had not received their last dose of their antibiotics and another person appeared not to have received their morning medicines. We were later shown that the second person had in fact received their medicines and the staff member had forgotten to sign the records. A team leader immediately acted in relation to the lack of antibiotics.

We discussed these and another couple of minor medicines issues with the registered manager at the end of our inspection who told us they would address these straight away. The day following our inspection the registered manager sent us evidence to show they had taken immediate action in relation to our concerns.

We recommend the registered provider ensures that safe medicines management procedures are followed by staff at all times.

Other medicines practices were followed appropriately. We saw staff wash their hands before dispensing medicines, temperatures of the medicines trolleys were taken and recorded to ensure medicines were stored appropriately. We saw the date liquid medicines were opened had been recorded and medicines trolleys were neatly organised. Where people required topical creams (medicines in a cream format) we saw that these had been applied in line with their care plan and recorded as such. A professional told us, "Overall I believe their management of medicines to be safe. The home seemed open to feedback and actions had been completed from my previous visit."

People lived in a safe environment because staff undertook regular checks in relation to health and safety to check this. We noted that equipment such as hoists, bath aids, the lift and fire equipment were checked and serviced regularly. Electrical equipment was PAT tested and the water checked for risk of legionella (bacteria in water). There had been a recent fire risk assessment for the whole building and the last fire risk assessment had been carried out in January 2017 and a fire drill in April 2017. In addition, each person had their own individual evacuation plan and if the home had to close for any period of time there was a

contingency plan in place to help ensure staff found appropriate alternative accommodation for people.

People were helped to stay safe because staff understood people's individual risks and how to keep people safe. Staff supported people to live their life in a safe way by ensuring they were not put in situations which could leave them at risk of harm. Some people smoked and risk assessments were in place which identified actions staff must take to make sure people stayed safe whilst they were smoking. Others were at risk of falls and appropriate equipment had been put in place, such as alarm mats. We noted several people were wearing personal alarms so they could call for help anywhere in the building and their freedom was not restricted. Where people had particular medicines that posed a risk, for example sleeping tablets that may cause drowsiness and an increased risk in falls, guidance was in place such as to give the tablets only a short time before bed.

The registered manager told us about the positive action they had taken to help to reduce falls. They told us they had started to introduce personalised walking frames – these were people's frames that had been decorated with items and fabric of their choice together with their name. They said because people identified with their own personalised frame it meant they tended to use them more. We saw people using them and one person told us how much they liked the fact they knew it was their frame. A health care professional confirmed to us this was the case, they told us, "The falls have reduced and the calls to hospital come down." A staff member told us, "There are people at risk of falling. You make sure that they have the support they need, for example their frames. We make sure we keep an eye on them. If someone is at risk of malnutrition we persuade them to eat and drink. If we are concerned we seek help." One person said, "I feel safe here because when I was living on my own I kept having falls."

People were helped to be safeguarded from abuse because staff understood their role and responsibility in relation to this. Staff told us they would have no hesitation in reporting another member of staff to their line manager should they witness them acting inappropriately towards people. There was safeguarding information available for staff and in addition Anchor had a separate whistleblowing telephone number which staff could phone anonymously. We found when reviewing information prior to this inspection that safeguarding referrals had been made when appropriate. A staff member told us, "If people are getting agitated with each other I would at first calm people down to see if it can be resolved. If I suspect staff are abusing I would call the team leader and if I need to I would use the whistleblowing route." Another staff member told us, "I would report it, put a stop to it." A third staff member told us, "If we feel intimidated we report straight to the manager or Anchor safeguarding line."

People were cared for by a sufficient number of staff to support them with their needs. Although staff were busy, particularly during the morning, they were attentive to people and took time to talk to them. We saw staff around the home throughout the whole inspection and there were no occasions when we had to go looking for staff. The team leader and deputy were visible throughout the day and we observed them getting involved in caring for people, such as spending time with them or making them drinks.

People were satisfied with the level of staffing in the home and told us they felt there was enough staff and they did not have to wait long if they needed someone. One person told us, "Definitely (enough staff)." Another said, "There is now (enough staff), I feel comfortable." A further said, "The girls here work very hard, they are all so lovely nothing is too much trouble." We asked people if they had to wait long if they rang this bell. One person said, "I only have to ring my bell and someone comes." A second person told us, "As quickly as they can, the longest I've had to wait is five minutes." A third person said, "Nearly always (come quickly)."

Accidents and incidents were recorded and falls that occurred each month were analysed and action taken. We saw where people had accidents staff ensured they learnt from these and took action to avoid



reoccurrence. In the case of people having falls, we found that appropriate action was taken by staff, such as referring a person to the falls team (a team of professionals that give advice on how to prevent falls) or the GP. Where one person had a falls there was evidence in their care records that the GP had been asked to review their medicines and arrange an eye sight test. A staff member told us that although one person could walk independently with their frame they would always support their back when the person sat down to avoid an accident and we saw this happen. One person told us, "I've got alarms at strategic points in my room so I can reach them if I fall."

People were protected from being cared for by unsuitable staff because the registered provider carried out appropriate checks to help ensure they employed only suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services. The provider had also checked people had the legal right to work in the UK.

# Is the service effective?

## Our findings

At our inspection in June 2016 we found staff were not following the principals of the Mental Capacity Act (2005) in that decision specific mental capacity assessments had not always been carried out for people. In addition, where decisions had been made on people's behalf there was not always documentation to evidence the decision had been made with everyone involved in the person's care and in their best interest. We found at this inspection improvement had been made.

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 so that they can 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 found people had decision specific mental capacity assessments for areas such as medicines, living in the home, being unable to go out unaccompanied and for receiving 24-hour care. One person was putting the batteries from their hearing aids in their mouth and we found documentation and an appropriate process was followed to make a best interest decision to remove their hearing aids because they could hear without them. Where people had capacity we saw they had signed their own consent to care.

People told us staff asked for their consent before providing care. One person told us, "Staff do not do anything without asking or checking first." Another person said, "They (staff) don't force you to do anything, I could stay in bed all day if I wished." A further person told us, "They don't come to get me up. I ring the bell and they come."

Staff understood the need to obtain people's consent and understood the principals of the MCA. One staff member told us, "People can make simple decisions but need help with bigger decisions." Another staff member said, "Everyone has the right to do what they want. Capacity can change during the day. Every time we support someone we do a little capacity assessment." We heard staff regularly asking for people's consent.

People told us they were happy with the food. One person said, "Very good food." Another told us, "If you don't like what they give you, you can choose something else. If I want small portions they give it to me – they're very good like that." A third person said, "Always two choices, there is plenty of food." A further person commented, "It's very good choice. Plenty to eat."

People were provided with a range of foods and were able to choose what they ate. We heard people being offered choices of where they wished to sit in the dining area and everyone was given a choice of meal. On some living areas staff offered people a visual choice of meal to assist in their decision making. We observed

people had a variety of meals including a salad, omelette and the two main options. One person said they did not like their meal and staff offered them an alternative. Another asked for sugar on their fruit and staff provided this. Everyone was asked if they had enough before the trolley was returned to the kitchen.

People with specific dietary requirements were recognised by staff. The chef had a list of people's needs, including allergies, likes and dislikes and restricted meals. The list also included information on those people who may require special equipment to eat, such as a plate guard. Specialist healthcare involvement had been sought in developing menus for people who could only eat food prepared in a specific way. We saw at lunchtime people were provided with the correct consistency of food in order to prevent the risk of them choking. During our inspection in June 2016 we found people who were on a specialised diet were not offered two choices. We found at this inspection this was no longer the case. One person told us, "They know I don't eat meat."

The chef told us they had taster days each week when people could try new foods and platters were prepared and taken to the living areas each day with a selection of fruit and cake. We saw people helping themselves to these platters.

People felt staff had the right knowledge and skills to provide care and support for them. One person told us, "If something is wrong with me I call staff and they deal with it." A second person said, "Yes (they are trained) they have to go on these courses." A further person told us, "They have a routine in moving me and they all know it."

People received care from staff who had undergone an induction and training to help ensure they were proficient in their role. Staff felt the training was good and one newer member of staff told us the induction was comprehensive and left them feeling confident to carry out care on their own. They said, "Staff helped me and I have learnt a lot since being here. I did training and shadowing and I was not allowed to touch anything until I had completed all of that." We noted from the records that staff compliance with training was at 96%. Training included medicines, infection control, dementia, fire safety, moving and handling and nutrition. A staff member told us, "Online training is available. The training is good to remind me of things I might forget. It's nice being updated." Another staff member said, "We do mandatory training every year. If a policy changes we will do a new module." The results of the 2016 residents satisfaction survey showed that 100% of the 50 respondents felt staff were, 'capable of providing the care I need'.

Staff received support from their line managers in the form of supervisions. A staff member said, "We have one to ones with our team leader. I find them useful so we can discuss anything that I could be doing better and to ask if I'm doing alright." Another staff member told us, "I have one to one supervision with the unit manager. This happens every six months." A third staff member said, "I will ask for supervision if I want to talk about my job – they will give us time."

People were by supported to maintain good health. They told us, "The opticians comes and does the glasses.", "They (staff) are not medically equipped so they call the doctor and sometimes the nurse comes to see us" and, "Yes, of course (have access to healthcare professionals)."

Records evidenced that people had involvement from health professionals such as the doctor, optician, dentist or district nurse. One person had regular district nurse input and that, together with the effective care staff provided routinely, meant that this person's condition had improved. We read in one person's care records that the GP had been called and visited the person the same day. Another person had a fall resulting in a cut to their skin. The records noted staff had informed the team leader in order to ask the GP to visit and we saw recorded in the person's health professional records that the GP had been. A visitor told us, "They

are very good at making sure she gets to see the optician, chiropodist and GP." A healthcare professional told us referrals to them were, "Appropriate."

## Is the service caring?

### Our findings

People were happy with the care they received from staff. One person told us, "Staff look after me." Another person said, "I like it here. Staff are lovely." A third person told us, "Whatever I need I ask them and if they can help me they do." Further comments included, "They (staff) treat you like a human being", "Yes, they are kind", "Oh yes, we have some good ones (staff)" and, "Yes, very nice people."

Relative's and visitors were equally as happy. A relative said, "I think they are amazing. I am happier than I thought I would be (to have my relative here)." A visitor told us, "We are very happy with the care she gets. Staff are very friendly, kind and caring." A healthcare professional said, "There is a difference in atmosphere, they is now a buzz about the home."

Staff displayed kind, caring behaviour and it was clear to see that staff knew people well. There was a good atmosphere within living areas and we heard staff and people chatting and laughing together. During the morning two people and a staff member were laughing about the staff member's singing and there was good banter between the three of them. In turn, people chatted together and there was some good friendships. One person told us, "What I love the best is the camaraderie." We heard a staff member offer one person a cup of tea. The conversation between the staff member and the person was very affectionate. Another staff member was discussing the day's menu with two people which led them to have a conversation about how to make the best custard. One person told us, "The banter that goes on is the sound of a happy home. That means that the staff are happy which goes down to the resident – makes for a happy home."

Staff took time to engage with people and showed an interest in people. Whenever they entered the room they took the time to say hello and check how people were. We regularly heard staff check if people wished a drink or were comfortable. When one person was supported to sit in their chair a staff member fetched a blanket and cushion to make them comfortable. One staff member said, "Hello (name) your drink is over there. Can I sit beside you?" Another said to a person, "Hello mate, how are you doing? Enjoy your lunch." A staff member told us, "The best thing you can do is talk to them and spend time with them."

Staff acted in a way that told us they enjoyed working in the home. This was confirmed by staff when we spoke with them. One staff member said, "I like to help people as much as I can. I like working here." Another told us, "I love it here and the people I work with. I love my residents. I love caring in general." A third said, "We try and do the best for the residents." A fourth told us, "We know this unit very well. We know what people's favourites are. Residents trust us. It's nice working here."

People lived in an environment that was homely and sociable. People's rooms were individualised. They were comfortable and held people's own personalised items. The lounge and dining room areas were inviting and as such we saw people greeting each other and sitting together chatting. A staff member had accompanied one person outside and as they passed the window of another living area we observed the staff member chatting away to the person and they both turned and waved to people sitting in the lounge area who waved back. A staff member said, "They are happy to just sit and chat a lot of the time. They are all asked (if they wish to go to activities) but it's their choice." A professional told us, "I did see staff interacting

with residents whilst undertaking my visit."

Staff treated people respectfully and made them feel they mattered. We heard staff call people by their first name and saw people were dressed neatly and appropriately. When staff spoke with people they took the time to sit at their level, rather than speaking over them. When one staff member was asking what people wished for their lunch they sat next to them, sat closely and talked through the options. One person was hard of hearing and they took a stool to sit close to them so they could hear better. We heard one staff member say to people, "If you need anything, just give me a shout." One person told us, "Staff always knock on our doors." A professional told us, "I saw nothing to indicate that the staff were not treating residents with care, dignity and respect."

People's individuality was recognised by staff. Staff told us who liked to spend time in their rooms, which people joined in on the communal activities and those who preferred the peace and quiet of their own individual living area. What we saw reflected what staff had told us. One person who had a personalised walking frame had it decorated with knitting. We read in this person's care plan that this had been their hobby. We heard a member of staff sitting with someone in their room chatting about the things that interested the person. One person said, "Staff are 100% here, so friendly." Another told us, "I feel staff know us." The results of the 2016 resident's satisfaction survey showed that 100% of the 50 respondents felt staff, 'understand me as an individual'.

People could have privacy when they wished. We saw people sitting in different areas of the home, particularly when they wished to have some quiet time. Some people told us they preferred to spend most of their time in their room and staff respected this. They said that staff regularly popped in to check they were okay or whether they needed something. One person told us, "If you want privacy you just go to your room, especially when family come. If you're having anything done to you they don't do it in front of anyone."

Staff told us they encouraged people's independence and decision making. We saw one person clear up tea cups and others moving around the home independently. Although staff were around if needed they let people have space and freedom to do as they wished. A staff member told us, "I just encourage them to do things for themselves and be with them just in case they need your help." We saw evidence in people's care plans of them choosing where they ate their meals, what they wished to wear or whether they carried out any of their own personal care. One person said, "We can make our own decisions about how we would like our care." A second person told us, "I will insist on a female when I have a bath." A relative told us, "(Name) is fighting her independence and dusts her own room."

Relatives told us they were able to visit when they wanted and were made to feel welcome. The results of the 2016 resident's satisfaction survey showed that 100% of the 50 respondents said, 'I can have visitors when I want to'. Relative's meetings were held where discussions took place around all aspects of the home. We read from the last meeting that this was attended by only one family. However staff took this opportunity to check the person and their family's individual satisfaction with the home as well as giving general information about plans for Barnfield. A relative told us, "I would recommend this home because I can see my mum is happy here. I like the way they treat my mum with dignity and respect."

## Is the service responsive?

### Our findings

People were aware they had a care plan and felt involved in it. One person said, "Yes, it's updated every day, I've seen them (staff) doing it." Another told us, "A little while after I came in we did a care plan." Two people told us they knew they had a care plan and had been involved in it.

People's care plans included information about their background and interests and people received care in line with their wishes. Each person had a life history completed either in conjunction with staff or with their relative. Other information in people's records covered their communication, mobility, nutrition, risks, sleeping patterns, personal care requirements and skin integrity. One person mentioned they liked their glasses to be kept clean and we saw that they were. Another person's care records stated how important their personal appearance was to them and it was evident from meeting them that staff supported them in ensuring this was respected. We saw that they had their nails painted and lipstick on. A third person liked a bath before breakfast on particular days and we saw from the records that this happened. A further person's care plan stated they liked, 'routines' and we observed during the morning that staff knew their routine well, offering them a cup of tea in the way they liked it at a specific time. A staff member told us, "We follow the care plans. The team leader's write them. If there are changes needed we ask the team leader to change them. We take action straight away."

People were confident they could speak to staff if they were unhappy. One person told us, "I would complain to my carer. Never complained though." Another said, "If there is something you are not happy about they will listen to you." A third person said, "We each have a key worker, that's your first port of call." A relative told us, "I've seen the complaints leaflets. Not complained – no reason to."

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedure was written in a way that people could understand. We noted there had been some complaints since our last inspection and saw that the registered manager had acted promptly to resolve them. One complaint related to the laundry and the registered manager had responded to say they would be purchasing net bags for everyone and appointing an additional member of laundry staff. We asked the registered manager about this who confirmed both had happened. One person said, "I don't have any criticisms at all." A visitor told us, "We have no complaints here whatsoever. They do very well here." The registered manager had introduced a compliments book and we noted several compliments and 'thank you's' had been received.

People were supported to participate in activities. One person told us, "We do wordsearches and sit in the gardens. If you want to go to the shops they will get someone to go with you." Another said, "The manager is trying to organise a garden club. I was given a patio rosebush. They are now able to escort you when you go out." A third person said, "We have bingo, church services, ball games quizzes, handicraft and go out in the garden."

There was a communal lounge on the ground floor which was used as a day centre for people in the local area. During the day there was a good atmosphere in the room as people participated in activities and sat

and chatted together. People from around the home came from their living areas to join in on what was going on. As well as the activities in this part of the home, staff sat with people in individual living areas and spent time on different activities. We saw a staff member sit and do a jigsaw with two people. Although one person had initially appeared reluctant to get involved, the staff member soon engaged their interest and they sat for some time with the second person putting together the jigsaw. Other staff sat and chatted to people whilst carrying out manicures. In one living area we saw a person making a knitted doll and another person playing cards. Two people were making friendship cards for each other. Our inspection took place on the day of the general election. One person told us they had not been given the opportunity to vote. We spoke with staff about this who told us they had asked everyone individually and no-one had expressed an interest in a postal vote, but the staff member did say they had not kept a list and it may have been that this person was out when they had gone around. We spoke with staff further about this and within an hour staff informed us they had arranged for this person to go to the nearby polling station. We saw them going out to do vote accompanied by a member of staff. We asked other people at random during our inspection about the wish to vote, but no one else expressed a desire to do so.

Staff told us, "I think there are enough activities during the week. We do things on the units and there are things downstairs. People go to town but not very often." Another staff member said, "We encourage people to do things. Put music on and dance. It's important life isn't just about personal care."

There was an opportunity for people to get social stimulation from outside of the home. A staff member told us, "We go on trips as a whole unit. We went to the garden centre in the mini-bus and had tea and cake." One person said they knew there were outings to the garden centre and they hoped to go on the next trip. One person went out independently and they told us they went into town each week.



## Is the service well-led?

### Our findings

People and relatives liked the registered manager and felt the home was well managed. Two people told us, "The manager is very easy going. We could speak to him." Another person said, "You can approach him if you want to. It's (the home) run pretty good – can't be easy job." A further comment was, "It's really good (the manager) is absolutely fantastic." A relative said, "Very good. The place is run very well. I like the way they respect people here." One visitor told us, "We see the manager on occasions. Staff and the manager always keep us updated. We are always satisfied with the care." A healthcare professional told us, "The registered manager is very proactive."

The registered manager was aware of their responsibilities with regard to their registration. Any serious incidents or safeguarding concerns had been notified to us appropriately and we found when we sought additional information from the registered manager in relation to any of these this was provided promptly. On the day of our inspection the registered manager demonstrated to us a good management oversight of the home. They were able to assist with our inspection, answer our questions and find documentation without difficulty.

Following our inspection in June 2016 we made a recommendation to the registered provider to ensure sufficient information was contained within people's care plans. We found during this inspection that although people's care plans had significantly improved there was still work to be done. However we were confident that people were receiving the care they needed. The registered manager had told us at the beginning of the inspection that they were aware care plans required further work and this was underway. They told us, "We are trying to expand on the care plans to make them more person-centred and detailed."

The MAR chart for one person who had received their mornings medicines had not been signed by staff. Another person who was on oxygen did not have a proper record of when this was provided to them. Although the assessing of people's mental capacity was much better, we did find a couple of examples however where assessments and paperwork was missing. One person had been prescribed pain relief. Their care plan stated, 'he will not say when in pain'. However the guidance did not describe how this person may demonstrate pain. A second person's care plan recorded, 'can be disorientated in time and space' but there was no detail of how to orientate this person. Another person had been refusing personal care regularly and often stayed in bed, no longer wishing to socialise with people. However, their care plan had not been updated to reflect this. This person's care plan also stated they should be weighed weekly. Staff told us they had tried to weigh the person they had refused but this was not recorded in the person's records.

We recommend the registered provider ensures that contemporaneous records are held for each person.

The home was quality monitored by the registered manager and other staff as they carried out regular audits. We also found the district provider carried out reviews. We noted people's care plans were being audited and actions identified. We saw an action plan in relation to this which showed when each care plan had been updated. An annual catering audit was seen and we checked with the chef that all actions had been completed and they had. The registered manager undertook daily walkarounds of the home. They

checked areas such as clutter in corridors and whether staff were wearing badges. External pharmacy and internal medicines audits were carried out. The most recent district manager's review (May 2017) found no concerns and they had noted, '(registered manager) maintains a robust quality assurance process and audits regularly. He is aware of trend analysis and the importance of recognising trends and identifying how to mitigate risks to people'.

Staff said they felt supported by the registered manager. One staff member said, "He is very supportive. He used to be a carer (so he knows what we do). If I have any trouble he will sort it out. I feel valued. I get thanked a lot." Another staff member told us, "Communication is really good between us all and the management. We all know what's going on. We do handovers every day. We have regular meetings. The manager knows exactly how we are feeling. He comes and sees us, he is always around."

Staff felt they worked well together as a team. They told us they had regular staff meetings and we read during these meetings they discussed all aspects of their roles, the home and concerns or suggestions. A staff member told us, "In staff meetings we are told what a fantastic job we are doing." People told us they felt the culture within the home was good. One person said, "It's open and honest." Another told us, "All very good."

People were involved in the running of the home through residents meetings and staff encouragement. Residents meetings were held and minutes showed that people discussed food, staffing, activities and a new café was to be arranged in the day centre lounge area at the weekend. We also read people had been invited to volunteer to be involved in staff interviews as well as other initiatives, such as being part of the community welfare group and several people showed an interest in participating. We noted from posters in some living areas the café had opened.

The home displayed results of satisfaction surveys in the form of a 'you said', 'we did' board. We noted this had recorded that people wished, 'better communication, more menus of choice, more taster days and an improved dining experience'. We found all of these topics had been covered during the recent residents meeting.

Residents and relatives were encouraged to give their feedback and suggestions through an annual satisfaction questionnaire. We saw from the results of the 2016 questionnaire that 50 residents had responded and nine relatives. We read that the overall performance rating of the home by residents was 960 out of a possible score of 100. This had improved significantly from their last rating in 2015 which was 724. We read that 96% of residents were happy living in the home. Some people were able to confirm to us they had received a survey to complete. One person said, "I have done one, I can't tell you when." Another person told us, "Yes (done one) and we have residents meetings."