Salisbury Care Limited

Aaron Court Care Home

Inspection report

328 Pinhoe Road
Exeter
Devon
EX4 8AS

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11 January 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection was unannounced and took place on 7 and 11 January 2016.

Aaron Court is registered to provide accommodation for 24 people who require personal care. At the time of the inspection there were 19 people living at the home.

The last inspection of the home was carried out on 2 October 2013. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Everybody was very complimentary about the registered manager. Staff told us, "I couldn't have a better boss."

At the time of the inspection, the service was recovering from a period of staff sickness and movement. To promote continuity of care during this time, existing staff had provided cover on overtime. The priority for the service had been providing the care, rather than completing the paperwork. This meant there was a risk that people may not receive safe care, because risk assessments, care plans and reviews were not up to date. Risks were minimised because existing staff knew people well. However, staff were being recruited and new people were moving into the home, so clear information and guidance was essential to enable staff to understand and meet their needs.

Staff had received training in fire safety, fire checks and drills were carried out in accordance with fire regulations and the fire system had been recently updated. People did not have individual fire risk assessments or a personal emergency evacuation plan (PEEP) to show what support they would need; however following the inspection the service hired a 'Fire Protection' company to implement the required change.

There was no documentation in place to support a best interest decision making process where people lacked the capacity to make an informed decision. This meant people's human rights were not being fully protected under the Mental Capacity Act 2005 (MCA). Some people at the service were subject to continuous supervision and control, not free to leave, and lacked capacity to consent to these arrangements. They therefore required an assessment under the Deprivation of Liberty Safeguards, to determine whether this was in their best interests, but a DoLS application had not yet been made. These issues were being followed up by the registered manager. Training had been arranged to help staff to understand the legislation and use it in their practice to ensure people's rights are protected.

Although new staff were still being recruited, there were enough staff deployed to meet the needs of people at the service and to care for them safely. They worked closely with health and social care professionals, and

feedback from the professionals was positive. For example, the chef was proactive in seeking specialist advice, and worked alongside health professionals to ensure people's nutritional needs were met as they changed.

People told us they felt safe. They were protected from the risk of abuse through the provision of policies, procedures and staff training, and an effective recruitment process. Systems were in place to ensure people received their medicines safely.

Staff promoted people's independence and treated them with dignity and respect. One person told us, "There is nothing that I would improve, there is everything I want. I love it here, the staff are so nice and kind and friendly. They are all lovely". People were supported to make choices about their day to day lives, such as what to wear and how they wanted to spend their time.

People's relatives said they were made welcome and encouraged to visit the home as often as they wished. They said the service was good at keeping them informed and involving them in decisions about their relatives care.

There was a dedicated and dynamic activities organiser working with people to develop a fulfilling programme which met everybody's needs. A relative told us, "They have so many functions and events, their effort is unbelievable. No-one is left to rot".

There was a committed staff team at the home which was well supported by managers and directors. A comprehensive staff training programme enabled them to do their jobs effectively, and ongoing professional development was encouraged for all staff members. They told us,"[X] is such a good manager. There is no sense of hierarchy; there is a really close team of girls. I am proud to work here".

The service had an effective quality assurance system to ensure they continued to meet people's needs effectively. People's views were actively sought and suggestions acted on.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Risk assessments, care plans and reviews were not up to date.

People did not have individual fire risk assessments or a personal emergency evacuation plan to show what support they would need.

There were sufficient numbers of staff to keep people safe and meet each person's individual needs.

People were protected from the risk of abuse through the provision of policies, procedures and staff training.

Systems were in place to ensure people received their medicines safely.

Is the service effective?

Requires Improvement

Some areas of the service were not fully effective.

People's rights were not always protected, because the service did not always act in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People received effective care and support from staff with the experience, skills and knowledge to meet their needs.

People were effectively supported with nutrition and hydration.

People were supported to maintain their health and access healthcare
services. Staff sought medical advice appropriately and followed it.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

Staff were committed to promoting people's independence and supporting them to make choices.

People and their relatives were supported to maintain strong family relationships.

Is the service responsive?

Good

The service was responsive.

Staff had a good knowledge of people's individual needs and this was communicated effectively across the staff team.

There was a full and rich programme of activities tailored to meet people's individual needs.

Complaints were dealt with effectively.

Is the service well-led?

Good

The service was well led.

People, relatives and staff expressed confidence in the management.

The manager was committed to developing and improving the service for the benefit of people and staff working there.

People, relatives and staff views were sought and taken into account, and suggestions for improvement were implemented.

Aaron Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 11 January 2016 and was unannounced. The registered manager was on leave, and the deputy manager was covering in her absence. It was carried out by one adult social care inspector and an expert-by-experience with expertise in the care of people with physical and mental health needs. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries from and about the provider and other key information we hold about the service. We looked at the information in the Provider Information Return (PIR) completed by the registered manager prior to the 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. At the last inspection on 2 October 2013 the service was meeting essential standards of quality and safety and no concerns were identified.

We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records, medicine records and quality monitoring audits.

We looked at the care provided to people, observing how they were supported, looking at four care records and speaking with seven people to help us understand their experiences. We spoke with three relatives and six staff including care staff, the deputy manager and chef. We spoke with the registered manager by telephone on her return from leave. During the inspection we also spoke with four health and social care professionals who supported people at Aaron Court, to ask for their views about the service.

Requires Improvement

Is the service safe?

Our findings

There was a risk that people may not receive safe care, because risk assessments, care plans and reviews were not up to date.The deputy manager explained that although there had been a stable staff team for a long time, two members of staff had recently left and existing staff were stepping up to cover and provide continuity of care. As a temporary measure the priority for the service had been providing the care, rather than completing the paperwork. They felt risks were minimised because the remaining staff team had a good understanding of people's needs. Information about anybody at risk was shared verbally at three daily staff handovers, and recorded. However, care plans did not always contain the information necessary to support staff in managing risk, which was particularly important for the staff being recruited and people moving into the home. For example, the care plan of someone new to the service with complex needs, contained very little information about their risks, and how they should be managed. There were gaps in the recording of personal care provision, and people's weights were not being monitored. The deputy manager assured us that records would be updated within four weeks of the inspection.

There were systems in place to make sure the premises and equipment were safe for people. Staff had received training in fire safety, and fire checks and drills were carried out in accordance with fire regulations. Advice had been taken following a fire service inspection, and recommendations followed to update the fire system. However, people did not have individual fire risk assessments or a personal emergency evacuation plan (PEEP) to show what support they would need. This meant staff and the emergency services may not easily be able to find information about the safest way to move people quickly and evacuate them safely; however after the inspection the service hired a 'Fire Protection' company to implement the required changes.

These issues constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Despite the staffing difficulties, there were enough staff on duty at all times to allow them to safely care for people. People told us, "Sometimes you have to wait but I am certain they will come and they are fairly quick...it is no trouble to them", and, "I don't think I could want for better. You press the bell, bells are everywhere....they come on time and are good humoured. No problem".
The registered manager and deputy had provided additional cover, so agency staff were not needed. This meant people had continuity of care from staff who knew them well and were familiar with their care needs. New staff were in the process of being recruited but there were sufficient staff on each shift to ensure people's needs were met.

People told us they felt safe at the home and with the staff who supported them. One person told us, "I feel safe .I love it here, they are very caring .I am safe and sound and sooner be here than home". A relative said; "[The person] says they are really happy here. I have peace of mind. I researched many homes and had a gut feeling this was the right place. They feel safe here. When I take them back I can feel them relax at the front door. If there was a problem I feel sure that they would tell me".

People were protected from the risk of abuse through the provision of policies, procedures and staff training. Staff were aware of the service's whistleblowing policy and told us they would feel confident to use it. They knew how to recognise if people were vulnerable to abuse and emphasised the importance of good communication and a trusting relationship. "I am available to talk to anybody who has any issues. It is important to be open and available and clear about respecting confidentiality, unless the issues are serious and I need to act". They told us how they would support one person who had difficulty communicating verbally and might find it difficult to raise a concern. "I can tell when they are nervous and anxious…It's important to go at their pace. I would say, "Let's stop, let's slow down". They can speak really clearly then". Feedback from a relative praised, "the continuity of staff which gives the residents the opportunity to get to know them, and enables them to convey any worries or problems".

Risks of abuse to people were minimised because the provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people.

The home had staff disciplinary procedures in place. There were no disciplinary processes underway at the time of the inspection, although we saw they had been used effectively in the past.

Systems were in place to ensure people received their medicines safely. All staff completed medicine administration training and were 'signed off' as competent before they were allowed to administer people's medicines. Medicines were dispensed in boxes and bottles, rather than blister packs, as recommended by the pharmacist, and were kept securely in a locked trolley. Medicines which required additional security were kept in a locked safe attached to the wall. We looked at the medicines administration records (MAR) and saw they had been correctly completed with two staff signatures on the MAR sheet for controlled drugs. Medicines were audited regularly and action taken to follow up any discrepancies or gaps in documentation.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. The manager reviewed these records, which allowed them to understand any causes and identify preventative actions that might be needed to keep people safe.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. One person told us that Aaron Court was," nice and clean". A relative commented in a feedback questionnaire, "Good housekeeping. It's always clean and tidy and the beds are clean".
There were effective infection control measures in place. In the provider information return (PIR) the registered manager stated, "We have a robust infection control policy here at Aaron Court. All services users have en-suite rooms, (reducing instances of bodily fluids being carried through the home). Personal protective equipment (PPE) is provided for all staff and visiting professionals. We have a clinical waste contract in place, along with a sluice. All of these measures reduce the risk of outbreaks; however this does not guarantee an outbreak not occurring. In an instance of this occurring our team of care staff are incredibly committed and cover shifts to help out in these situations".

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. People's rights were not being protected in relation to the Deprivation of Liberty Safeguards. (DoLS). 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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Supreme Court judgement on 19 March 2014 widened and clarified the definition of deprivation of liberty. If a person is subject to continuous supervision and control, is not free to leave, and lacks capacity to consent to these arrangements, they are deprived of their liberty. This meant people at the home, who met this criteria, required an assessment under DoLS. However, the registered manager was not aware of this and they had not been referred to the local authority for assessment.

There was no documentation in place to support a best interest decision making process, where people lacked the capacity to make an informed decision. This meant people's human rights were not being protected under the Mental Capacity Act 2005 (MCA). 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. Training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been organised,

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

People received effective care and support from staff with the experience, skills and knowledge to meet their needs. A health professional, who visited the home daily, told us, "They are very good and have taken on board everything we have said. For example they got a mattress in for a person and turned them as advised. They understand the need for pressure relief…One person was quite poorly when they came in and they have now improved. [The person] is much brighter and they are trying to socialise them with the other residents. They are open and honest about what they can manage in terms of caring for someone with high support needs".

New staff had undergone a thorough three month induction programme, which gave them the basic skills to care for people safely. This covered a range of essential areas like moving and handling, fire safety, and safeguarding. During this period they worked alongside more experienced staff to get to know people and about their care and support needs. They were then assessed to ensure they were competent before working unsupervised. New and existing staff, including the managers and senior carers, were undertaking the new national skills for care certificate. This is a more detailed national training programme and qualification for newly recruited staff. Additional support was available for staff who did not have English as their first language, which meant barriers to their learning were minimised.

Ongoing training was arranged and provided by an external company, covering key areas including dignity

and choice, food safety, and medication. The company notified the registered manager when training was due, which meant all staff were kept up to date. Additional training was arranged as required to meet people's individual needs. For example, the community nurses had trained staff in the administration of insulin for people with diabetes. Several staff had achieved higher level qualifications in health and social care. Staff told us the training helped them do their job well. This view was shared by people living at the home. Comments included, "I need to use a stand aid. They definitely know how to use it properly", and, "Nowadays there is a machine for everything, they know how to use the hoist".

Staff had an annual appraisal and were scheduled to receive one to one supervision six times a year, however the registered manager and deputy manager had been covering shifts due to the recent staff shortage, and could not provide this level of supervision. To maintain accountability and responsibility they had introduced a temporary system to ensure any incidents or issues involving staff were documented and followed up as they arose. In the provider information return (PIR) the registered manager advised that staff were supported by an 'open door policy', where they were, "encouraged to freely discuss all aspects of the home without fear of repercussions". Staff meetings were held twice a year for all staff, which was an opportunity to discuss any concerns. They told us they felt well supported by their colleagues. "If I don't feel competent I go to the senior and ask them to assist and double up, then I do it observed", and, "The senior will do a handover with me on a Monday. The girls make me feel part of everything...I have never worked in such a nice place".

People had sufficient to eat and drink and received a balanced diet. Comments included, "We get the right kind of food. It is quite good, you get a selection and three courses. They don't stint on that", and, "The food is very good. You get a choice. I don't like today's pie, so I am going to have a pasty. The cook is very good". Written feedback from a relative said, "Whenever they tell me what the meals were I always consider them to be well balanced and nutritional. I always try the cake when I visit! ".

We observed practice in both dining rooms during the lunch time period. Menus were on display. The atmosphere was pleasant and relaxed, with lots of interaction and banter amongst people and with staff. The food was served quickly and people said they enjoyed it. Those who needed support with feeding were seated in a more private area where they were not overlooked by other people. We saw they were treated with respect and sensitivity.

Every morning the chef visited each person and offered them a choice of lunch and tea. After lunch they visited everybody again and reminded them of the options for tea. Individual choices were recorded so they could get to know people's likes and dislikes and plan the menus accordingly. They told us," I don't make assumptions though. What people don't like one week, they might the next".

The chef was knowledgeable about people's nutritional needs and had completed courses in a range of relevant subjects such as nutrition and health, diabetes and dementia care. They worked closely with health professionals to ensure that people's individual dietary needs were assessed and met. One professional told us," I am really impressed with the chef. I described what [the person] could and couldn't have, and they asked really appropriate questions. They were really accommodating. [The person] was able to try different foods and textures in their room, and this was during the busiest lunchtime period…They have contacted us several times over the last two weeks. It's unusual for a home to be so proactive".

Visiting health professionals gave us positive feedback about the standards of care provided and the knowledge and skills of staff. Comments included, "I think the care is really good. They are very attentive, friendly and easy to talk to….They want to know how to rectify things if there are problems", and, "Keeping in touch is what we treasure from them… They are not afraid to pick up the phone and are very proactive".

Feedback from people and their relatives confirmed staff had contacted external health professionals appropriately and promptly when required, for example the paramedics had been called when one person became unwell, and people saw their GP or optician regularly. A person with swallowing difficulties had been referred to the speech and language therapist.

Health professionals commented that Aaron Court was an, "old building trying to keep up to standards", and," The corridors were narrow to get a wheelchair around". This, and the narrow stairway, created some challenges for staff and people living there. However improvements had been made, including a new downstairs wet room and new carpets. There was an accessible garden, with plans to turn it into a sensory garden before the summer. Feedback about the environment was positive. One relative told us, "In other homes the environments were dark with narrow corridors. With Aaron Court it was like walking into a palace. It is nice and light. [The person's] room is quite big with en-suite".

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One person told us, "There is nothing that I would improve, there is everything I want. I love it here, the staff are so nice and kind and friendly. They are all lovely. I can ring them. I feel safe and I love my room". A relative said," When we were being shown round everybody stopped what they were doing and spoke to us. The atmosphere was lovely". Staff also felt that the service was caring. One member of staff told us," I think it is a lovely care home. The staff all work to meet individual needs and they're very accommodating to the residents. There is a very pleasant atmosphere. No stress".

Staff were respectful, understanding and patient when assisting people. For example, we observed a member of staff helping someone to the dinner table. They were gentle and gave clear instructions, supporting the person to move independently at their own pace. Another member of staff commented, "You can't rush them; you need all the patience in the world".

Staff respected people's dignity and privacy and all personal care was provided in private. They told us they knocked on bedroom and bathroom doors before entering, and ensured doors and curtains were closed while supporting people . They gained people's permission before providing support, asking, "Are you ready to get washed and dressed?" They made sure people were covered with a towel while personal care was being given to preserve their dignity. One person sometimes forgot they liked to wear make-up, so staff reminded them, "Would you like a bit of perfume? How about some lipstick?" Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Staff were committed to promoting people's independence and supporting them to make choices, and people told us their choices and preferences were respected. One person said," If you want to be quiet in your room they respect that". A member of staff explained how they would help someone choose what to wear. "First I would advise what the weather is, and open the curtains so they have visual cues. Maybe I would show them a couple of skirts and they can choose. It's all about choice". We saw people chose where they wanted to spend their time, or whether to join an activity session. For example, during the inspection staff were asked to, "Make everybody aware that Holy Communion is at ten and see whether they would like to come or not".

The statement of purpose for Aaron Court said the service aimed to, "foster trust and friendship between staff, service users and their families, so that each individual comes to regard Aaron Court truly as their home." The registered manager told us how they actively promoted the development of friendships between people living at the service. We saw another member of staff introducing somebody new to another person, helping them to become part of the community. People were laughing together, supporting each other and inviting each other to visit in their rooms.

People were supported to maintain ongoing relationships with their families and could see them in private whenever they wished. In the provider information return (PIR) the registered manager wrote," We actively

encourage visitors/families to maintain relationships with the service user as they had before they came into the care home environment." One relative we spoke to was included in outings and activities, and other family members regularly joined their relative for meals at the home. People commented, "My visitor has lunch with me in my room. They bring a table and chair and make them welcome", and "There's a cup of tea for visitors and a biscuit for the dog. It makes you feel at home".

Good

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. Information about the person's needs and history was gathered from the person, their relatives and health and social care professionals. If the registered manager then decided the home could meet the person's needs, they were invited to come and look around, and stay for lunch, coffee or an activity to help them decide if the home was right for them.

On admission a basic care plan was drawn up and developed with the person and their family over time. This meant that care plans were personalised to each individual, and contained information which helped staff to understand the person and their needs, and how they wanted their care to be provided. The care plan was due to be reviewed with the person and their family every three months, or unless their needs changed. In the provider information return (PIR), the registered manager stated," Our care planning remains at the heart of our care that we deliver. We strongly encourage service users and relatives to become involved with the care planning, detailing their preferred care workers and how they wish to receive their care. This promotes an individual, holistic approach to the care that they expect to receive". The deputy manager talked about their commitment to involving people in decisions about their care, "It's challenging when people don't want to be involved. We have to think about how to involve them when they don't want to be".

Senior carers completed daily records for everybody at the home. Information about changes in people's day to day needs was communicated across the staff team three times a day at the staff handover.

We observed that staff responded quickly to requests for support. For example, one person with a visual impairment told the chef they were having difficulty eating as, "I need something to stop the food going round my plate". The chef responded immediately, offering a practical solution, and said they would come and see the person again after lunch to find out if the problem had been resolved. One person told us, "I don't think you can better it. If you want to do anything they will do their best. Sometimes I say can they get a message to my son, and they do".

Staffing difficulties meant over recent months, care plans and reviews had not been completed in sufficient detail or in a timely way. Despite this, feedback from people, relatives, staff and health professionals did not show that people's care had been compromised. This was because staff had a good knowledge of people's individual needs and this was communicated effectively across the staff team. People told us, "They know me as a person as well as I know them, all of them", and, "I am getting very good care". Relatives commented, "There was a care planning meeting initially, but now I am so happy I don't see the need, as they have adapted to their changing needs," and, "They ring me about changes and seek my agreement. They don't leave me in the dark. The carers are impressive." A health professional, who had been providing specialist individual support, told us, "They are always there. They want to know how they can better communicate with [the person]. They ask for strategies, and are involving them in all sorts of sessions. Otherwise it would be easy for [the person] to become isolated". The support provided had been effective, and staff told us the person had made, "Amazing progress in a few weeks".

People were able to take part in a range of activities according to their interests, and were reminded of the day's activities every morning at breakfast. The activities co-ordinator had developed a rich and varied programme of group activities, weekly outings and one to one sessions. A relative told us, "They have so many functions and events, their effort is unbelievable. No-one is left to rot". There had been several parties and trips in the run up to Christmas, including a pantomime, a dinner and dance for people and their families, and a carol service at Buckfast Abbey. Art work from the weekly art group was displayed on the wall in the dining room, there were dance workshops, music therapy, and a drama therapy session which was closed to staff, where people had the opportunity to talk about their feelings. During the inspection a game of 'Play Your Cards Right' was underway. Everybody who wanted to join in was supported to participate, and there was much laughter and banter. One to one activities were arranged for people who preferred them. These included trips out for coffee or to visit a charity shop, listening to music or having a foot and leg massage. People also told us how much they enjoyed sitting in the garden in the summer. The activities co-ordinator told us, "The manager believes that social well-being is very important so she provides all the funding I need".

People told us they liked their room, which was furnished and decorated to their needs, tastes and preferences when they moved in. The deputy manager told us, "We encourage people to bring in their own bits from home".

In the provider information return (PIR) the registered manager stated, "We strive to work positively and quickly in any instance of a resident, family or representative raising any concerns. The home had a written complaints policy and procedure which was displayed in the dining room; however the text was very small and difficult for people to read. This had been rectified by the second day of the inspection.

People told us they would feel able to complain if necessary. Comments included, "If I shout they come, and they are very kind. If I thought they were harmful I would complain," and, "If I wanted to argue they wouldn't be cross. They are accommodating". Complaints about clothing being lost in the laundry were being addressed through the introduction of a new clothes labelling system, involving families. We saw from records that complaints were dealt with effectively, an agreement reached with the complainant and confirmed in writing by the registered manager.

Good

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. People, relatives, staff and visiting professionals were very complimentary about them. One person told us, "[The registered manager] in charge is very good. They come every day to see how you are". Staff said," [X] is such a good manager. There is no sense of hierarchy; there is a really close team of girls. I am proud to work here". The culture of the home was open and friendly. Staff told us, "We all promote transparency and freedom of speech".

The registered manager was on annual leave on the day of the inspection, but we were able to speak with them afterwards by telephone. They told us their aim was to provide a safe, homely environment where people were listened to and their quality of life enhanced. "They lead the way. This is their home and we work with them". Plans for the future included continuing to improve the environment for the benefit of the people living there. For example, there were plans to develop a sensory garden at the request of people and their relatives.

In the provider information return (PIR) the registered manager stated, "Management strongly support and encourage staff development... The registered manager supports all staff studying for NVQ qualifications and holds one to one assistance when any help is requested". This included new staff, "thus developing their skills in the care industry". The registered manager had identified additional staff developmental needs related to meeting the needs of people living at the home. For example, the 'Statement of Purpose' stated the home was, "not able to provide care for persons suffering from a mental disorder, an example of which might be Alzheimer's Disease". However, some people who had been there a while now needed support with memory loss. The registered manager recognised staff needed to further develop their knowledge and skills, and had organised relevant training, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. In the provider information return (PIR) they said, "Our high standards of delivering quality personal and social care remain the highest priority for us as an organisation".

Staff had not had individual supervision or appraisals over recent months as the managers had been covering shifts because staff had left. Despite this they did not feel unsupported. A temporary system had been introduced to ensure any concerns raised by individual members of staff were recorded and followed up promptly. A staffing structure, including a recently appointed deputy manager, provided clear lines of accountability. This meant all staff were supported and monitored effectively. They told us they were, "really proud to be part of such a team", and continued to feel supported by the registered manager. Comments included," I couldn't have a better boss", and "[The registered manager] supports all the staff greatly. They are a really supportive person".

Staff meetings were held twice a year, and minutes taken, which meant information and discussion could be shared amongst the whole staff team. Staff were asked beforehand if there were issues they wanted to raise. We saw at the last meeting staff had discussed the importance of exercising good listening skills when caring for people, and had identified residents where, "good listening skills can change their day for the better".

Provider visits were undertaken every two weeks by the directors. They toured the home and spoke with staff, people living there and their families. The managers and staff told us they were supportive and wanted the best for the home. The directors met regularly with the registered manager so any issues could be discussed and addressed.

The service had an effective quality assurance system to ensure they continued to meet people's needs effectively. Regular audits were in place to monitor the care and environment at the service, looking at areas such as medication, falls, accidents and incidents, and equipment. A 'residents meeting' was held every eight weeks, facilitated by the activities co-ordinator. This was an opportunity for people to give feedback about issues such as activities, or the menus.
People and their relatives were invited to complete an annual Quality Assurance Survey. The registered manager audited the feedback, informing people in writing of the results, and action taken. Suggestions implemented following the last survey included the installation of a water feature in the sensory garden, the purchase of a new bathing cushion, and holding a 'movie' evening at weekends. 'Quality Assurance Families' meetings were also being arranged at the request of relatives, to discuss care or any issues.

The registered manager worked to foster links with the local community. In 2015 the home took part in the National Care Home Open Day, an initiative inviting care homes to open their doors to local communities. Coffee, cakes and a buffet lunch were provided for visitors with an art session and musical entertainment. There were also links with the local church and schools, particularly around Christmas time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments and risk management plans, were not completed and reviewed regularly.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Where a person lacked mental capacity to consent to care and treatment, the service did not always follow a best interests process in accordance with the Mental Capacity Act 2005.(13)(4)(d) The service was depriving people of their liberty for the purpose of receiving care or treatment without lawful authority. 13(5)