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The Westbourne Care Home

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

The inspection was unannounced and took place on 8 and 14 June 2017.

The last inspection took place on 18 and 24 November 2015. At that inspection we identified three breaches of the relevant regulations in respect of staffing, safe care and treatment and person centred care. At this inspection, we found that improvements had been made and the provider was no longer in breach of any of the regulations.

The Westbourne Care Home is registered to provide accommodation with nursing and personal care for up to 50 older people who may be living with dementia. The home is purpose built and is divided into two units, one on the ground and one on the first floor. The kitchen and laundry areas are on the second floor of the building together with a large room which is used as a base for staff training. There is an enclosed garden area and parking to the front of the building. On the day of our inspection there were 43 people living in the home.

The home has a registered manager who had been registered since April 2016. 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.

We found that the arrangements for the administration, storage and disposal of medication were safe, however we saw that there were some shortfalls in the recording of when topical creams had been applied. These had been picked up by the provider's quality assurance system and a new system was being put in place.

We observed that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed within the service to meet the needs of the people living there.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke with confirmed that they were aware of the need to report any safeguarding concerns.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

There was a flexible menu in place which provided a good variety of food to the people using the service. People were provided with specialist diets but the presentation of soft food diets could be improved.

Peoples' weights were now being consistently monitored and managed and advice taken appropriately where significant changes were noted.

We asked staff members about training and supervision. They all confirmed that they received regular training and supervision throughout the year.

We observed caring relationships between staff members and the people living in the home.

Personal information about people was now stored securely.

We found that that there had been improvements in the care plans and these were being updated regularly and were clear. Staff were now consistently keeping contemporaneous records where additional monitoring was required.

The provider had a quality assurance system in place and regular audits were being completed, and issues identified were addressed in a timely manner. The registered manager continually sought feedback from people living in the service, relatives and staff in order to improve the service.

Staff members and relatives we spoke with were very positive about how the home was being managed. Everyone spoke of the improvements observed since the current registered manager had been in post.

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.

There were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people living in the home.

We found that the arrangements for the administration, storage and disposal of medication were safe. However we saw that there were still some inconsistencies in the recording of when topical creams had been applied.

Recruitment records demonstrated that there were systems in place to help ensure staff employed at the home were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

We found that staff had received regular training and supervision to support them in their roles.

Is the service caring?

Good

The service was caring.

We asked the people living at The Westbourne and their relatives about the home and the staff members working there and received a number of positive comments about their caring attitudes.

The staff members we spoke with showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well with people.

Is the service responsive?

Good

The service was responsive.

We found that care records had improved and gave staff a clear view of what support people needed. Preferences were respected and staff knew the people they were caring for well.

There was now an activities programme in place which was reflective of the needs and preferences of the people living in the home.

The provider had a complaints policy and processes in place to record any complaints received and we saw concerns raised were addressed within the timescales given in the policy.

Is the service well-led?

Good

The service was well led.

The registered provider had a quality assurance system in place to ensure that areas identified as requiring action to improve the quality of the service were addressed promptly.

Everyone was positive about the current registered manager and the improvements they had observed since she had been in post. The manager was pro-active in continually reviewing and looking to improve the service.

The Westbourne 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 8 and 14 August 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day of inspection and one adult social care inspector on the second day of inspection. 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 checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about The Westbourne. They advised us that they had no current concerns about the service. We viewed the most recent Healthwatch report and we spoke to a GP that regularly visits the service.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of nine people living there, six visiting relatives and twelve members of staff including the registered manager, the deputy manager, the activities co-ordinator, the maintenance person, a member of domestic staff, a nurse, the chef and five members of care staff. We spoke to a visiting advocate. We spoke to more people living in the home, but they found it difficult to tell us what they thought of the care in the home due to their health conditions, however family members were able to tell us what they thought about the home and the staff members working there.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people who could

not talk to us.

We looked around the service as well as checking records. We looked at a total of seven care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked the people living in the home and those visiting whether they felt safe. People we spoke with told us they felt they were safe. Comments included, "I'm very happy here. I've been here a long, long time. I'm settled", "I don't have to wait" and "Do I think it's clean? I do actually. It's a nice set up". Relatives and friends visiting the home also told us that they were confident that their relative was safe. Comments included, "She's safe here", "She's absolutely safe here" and "She's safe here. She's quietened down since being here".

At our last inspection in November 2015, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people living at the home. We found that there had been improvements since our last inspection and the provider was no longer in breach of this regulation.

We spoke to relatives and staff about staffing in the home as the people living there were unable to speak to us about this. In general we received positive comments, however we did receive a couple of negative comments. Comments included, "It's getting there. There aren't any agency staff", "There seems to be enough staff" and "Staffing is much better. There are less agency staff so we have got more consistency for people living here". We did receive negative comments from two relatives. They told us that there were not always many staff around. One person told us, "They could do with more staff. It's not that people are not safe. Call bells are answered quickly, but they could spend more time with people if there were more staff. There is normally someone around".

Our observations were that staff were going about their duties in an efficient and purposeful manner. Call bells were being answered promptly and when people requested assistance, they were helped in a timely manner. The registered manager told us that there were now more permanent staff employed and she had been using less agency staff and currently had none in the home, therefore was able to start strengthening the staff team. This meant that staff were clearer on their responsibilities and were sufficiently skilled to meet the needs of the people living in the home.

During the two days of our visit there were two nurses on duty between the hours of 8am and 2pm and one nurse from 2pm-8pm. There were two senior carers on duty and six carers between the hours of 8am and 8pm. At night there was one nurse and four care assistants between the hours of 8pm and 8am. The registered manager was in addition to these numbers and the deputy manager had 12 supernumerary hours in order to complete managerial tasks. We looked at the rota and could see that this was the consistent pattern across the week. The manager advised that they currently had seven vacant rooms, therefore the staffing would be revised if more people came to live in the home. She further advised that she constantly reviewed the staffing within the home using a dependency tool and increased staffing when and if it was necessary.

In addition to the above there were also separate ancillary staff including one administrator, a maintenance

person, a chef and kitchen assistant, one activity co-ordinator and two domestic assistants.

In November 2015 at our last inspection, we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have a system in place for the proper and safe management of medicines. Medicines received into the home were not always correctly recorded, medical records did not always correspond with the medication that was in the home and the recording of the application of topical creams was not always accurate and medication audits had not been completed in order to pick up these inaccuracies. We found at this inspection that the provider had made improvements and was no longer in breach of this regulation. However we did note some continued inconsistencies in the recording of when topical creams had been applied. We spoke to the registered manager in relation to this. This issue had been picked up in audits and we were able to view the new paperwork which they had designed in order to improve this. We saw that this had been implemented on the second day of our inspection.

We saw that medicines received into the home were correctly recorded and on completing a stock check of some medications we saw that these tallied with the Medicine Administration Records (MAR) which were viewed. Medicines were administered by staff who had received the appropriate training. We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home and if necessary disposal of any medication. Controlled drugs were stored securely and in the records that we looked at, these were being administered and accounted for correctly.

Some people in the home required nutritional supplements provided in the form of thickened drinks. These are usually prescribed by a person's general practitioner and so form part of the treatment required for them and should be accounted for in the same way as other medicines. We saw that whilst staff were correctly administering these thickened drinks and had guidance on this so they were aware of the consistency each individual required, we saw that people's individual supplies were being shared on a communal basis where they had been prescribed individually. We raised this with the registered manager to address.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I'd report it immediately to a nurse". Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

At our last inspection, risk assessments were not always being updated and not always being followed. We

saw on this inspection that risk assessments were carried out and kept under regular review so that people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments regarding, for example, falls and nutrition were kept in the care file folder.

There were generic risk assessments in place that related to the environment or infection control. These were kept under regular review.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. In addition to this, there was a diary that noted any appointments, referrals that needed completing as well as any visits into the home each day. We were able to view copies of the handover minutes and could see that these gave staff information about any people who needed additional monitoring and events each day.

We looked at the files for three members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history and references as well as the job description.

We saw that the manager kept a record of all accidents and incidents and these were monitored each month to look for any trends. This was also reported to their head office each month. We were able to view the records for the last year and could see that incidents and accidents were being recorded in the home. Trends were being identified and appropriate action taken to reduce the risks of accidents reoccurring.

We checked some of the equipment in the home including bath hoists, bed rails and other safety equipment and saw that they had been subject to recent safety checks.

The provider had received a five star rating in food hygiene from Environmental Health on 29 July 2016. The registered manager told us that Environmental Health also attended on 9 August 2017 and they were awarded the same rating, but the report was not yet available to view. We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. We observed that bathrooms had sufficient equipment to maintain hand hygiene and staff were wearing appropriate personal protective equipment when carrying out personal care or serving food.

The home conducted regular fire drills and staff had regular training on fire safety.

Good

Is the service effective?

Our findings

All the people we spoke with felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "The food is good and there's plenty of choice. I can do what I like", "The staff know what I like. I get up early – 7.30am and go to bed when it suits me" and "The food's fine. Choice, drinks when you want. Special diet if you're not well". We also spoke to relatives who were confident that their relatives were well looked after. Comments included, "My wife has a special diet. I'd say the food is good", "They talk to us about her care and do specific things to calm her down" and "I think its first class this home. A ray of sunshine".

At our last inspection in November 2015, we found that there was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not effectively managing risks to service users. Weights were not being consistently monitored and managed. It was not clear in care plans what action had been taken where people had lost or gained significant amounts of weight. At this inspection, we found that significant improvements had been made and the provider was no longer in breach of this regulation.

We saw that weights were taken each month and the registered manager had a resident at risk register which was sent to the head office each month. This recorded if someone had gained or lost significant amounts of weight and what action had been taken to address this. We saw that the provider completed a Malnutrition Universal Screening Tool [MUST] to monitor if people were at risk of malnutrition and this was being regularly updated. Visits and advice from other health professionals in relation to weight were now clearly recorded on the care files so it was clear to see what action had been taken.

We saw staff offer people drinks throughout the day and they were alert to individual people's preferences in this respect.

From our observations and discussions we found that most of the staff knew the people they were supporting well. They were able to tell us about their likes and dislikes as well as some of their history.

At our last inspection in November 2015, we found that meals were not being served immediately and sometimes people were being given meals that were not hot. We saw improvements in the mealtime arrangements on this inspection.

The provider employed a chef who prepared the food. Pictorial menus were used in the home to assist people in making choices. The menus included two choices of main meal at lunchtime and a hot light meal or soup and sandwiches in the evening. There was also cake mid-afternoon and people had the choice of a full cooked breakfast. Special diets such as soft diets were provided. Staff members we spoke with confirmed that people could request an alternative option if they did not like the meal of the day. People were positive about the food that was served in the home. We did note that the soft food option was not presented as well as the other food. We spoke with the chef in relation to this and they advised that they had ordered some specialist moulds and were awaiting delivery of these. One relative told us that people on a

soft diet did not always have the same choice as other people living in the home. We raised this with the registered manager to address.

We observed the lunchtime on the two floors during the course of our inspection and saw that the food looked tasty and was well-prepared. Tables had been prepared with table cloths so meal times were distinguished from other times of the day. Food was now served from a hot plate so that it could be kept hot and served at the correct temperature. We saw that when people needed support, they were assisted by staff members in a patient and unhurried manner. Staff were attentive to people needs and we saw them encouraging people throughout the mealtimes.

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).

At our last inspection in November 2015, we found that whilst mental capacity assessments were clearly recorded on file, best interests meetings and some of the paperwork in relation to DoLS had not been appropriately completed. The registered manager had identified this as an area for improvement and was working to address this at the time of our inspection. We found at this inspection that improvements had been made. The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. We checked and could see that mental capacity assessments and best interests' decisions had been recorded on each file. There was a clear tracker of all the applications which had been granted and when these expired.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS. They were clear on the circumstances where people would be subject to a mental capacity assessment and when best interests meetings were needed.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and even where people did not really understand, staff always checked before carrying out tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent. For instance, we saw staff asking people whether they wanted clothing protectors at mealtimes.

The information we looked at in the care plans was detailed, which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. We asked relatives if they felt involved in their relative's care. The relatives we spoke to felt that they were involved and could have a say in their family member's care. We saw in the care plans we viewed that people and their relatives had been involved in formal annual reviews of the care given.

In November 2015 at our last inspection, care files were disorganised and it was not always easy to see when other health professionals had visited and why. Visits from other health care professionals such as GPs, chiropodists and dieticians were now recorded clearly so staff members knew when these visits had taken

place and why. We spoke to a GP prior to our visit and we also spoke to a visiting advocate during the course of our inspection. Comments included, "In general things have improved and the manager is responsive. I have no concerns about the standard of care" and "I have no concerns. The manager is very open and the care is great. They have gone the extra mile recently to keep someone in the home".

The provider had their own induction programme and introduction to the workplace and all staff in the home had completed the Care Certificate Framework, which is a nationally recognised and accredited system for inducting new staff. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. Staff undertook training and then prior to starting work, the staff member would shadow existing more experienced members of staff and would not be allowed to work unsupervised for a period. All the staff we spoke to confirmed that they had completed an induction and shadowing. One person told us, "It was all new to me but they didn't let me do anything on my own until I felt confident to". All staff within the home were working towards National Vocational Qualification (NVQ) Level 2 or 3 in care.

We asked staff members about training and they all confirmed that they had received regular training throughout the year. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role including mental capacity act, food safety, safeguarding and dementia training. The provider used 'e' learning for some of the training and staff were expected to undertake this when required as well as more practical training such as dementia awareness and fire training. The training incorporated a competency test and competency was then assessed on an ongoing basis through supervision and through the auditing of records such as medication. Nurses were able to attend additional training for their continuing professional development in areas such as wound care, catheterisation and diabetes. Two of the staff were dementia trainers and three were accredited fire trainers.

In November 2015 at our last inspection, we found that staff had not had regular supervision, however they were confident now that the new manager was in place that this would be rectified. We found on this inspection that staff members were now receiving regular support and supervision. We checked records which confirmed that supervision sessions for each member of staff had been held regularly or where they hadn't, we saw evidence that these were planned. One staff member told us, "I find it helpful as we can bounce ideas off one other and I can talk about things".

A tour of the premises was undertaken, which included all communal areas including the lounges and dining rooms and with people's consent a number of bedrooms as well. The home was adapted for people living with dementia, for instance doors had signage and photos to help people distinguish their rooms; one door carried the logo of someone's previous employment. There were quiet seating areas in some of the corridors. There were nostalgic photos and memorabilia and as well as a tactile board with bolt and handles on the ground floor corridor. Tactile boards can be used to help trigger memories about household tasks and DIY skills. There were reality orientation boards on both floors which were displaying the correct day, date and weather. There was a library on the first floor which was not well used, therefore they were looking to make changes to this area. There was also a cinema room on the second floor which was used by relatives as well as staff.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence.

The laundry within the service was well equipped and was purpose built with a one-way system, where only dirty laundry entered one door and clean laundry exited another to try to prevent cross contamination. The

laundry was clean and well organised.

Good

Is the service caring?

Our findings

We asked the people living in and visiting The Westbourne about the home and the staff who worked there. People told us, "The staff are very kind; it's like living in a hotel really", "They're caring" and "They kind of help me to be independent". Visiting relatives told us, "Staff are very pleasant, they know her well", "The staff are lovely, I'm really quite happy with the situation here" and "Staff are friendly and respectful".

It was evident that family members were encouraged to visit the home when they wished. People told us, "I'm made to feel welcome. I see the staff as friends. We have a good working relationship and you only have to ask for anything" and "I can come whenever I want". We also saw a sign on the first floor telling people that people living in the home could 'face time' their friends and relatives.

We viewed cards and compliments that had been sent into the service. One person's relative wrote, "You have given her the most wonderful care and attention, also to us, which we can't thank you enough for, you have wonderful staff and you also have a perfect home for anyone to end their final days, thank you so much". Another relative wrote, "Just a note to thank you and all your staff for the excellent care and attention you gave to [name] while in your home, we could not have wished for better".

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at The Westbourne and had very positive relationships with the people living there. One person told us, "I love my job and love it more since Pat's been here, she really listens", another person told us, "I love it here, it's much better than my previous job, I feel appreciated". We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. We observed a staff member quickly but quietly readjust someone's clothes to preserve their dignity when the person had exposed their underwear. Relatives told us of care staff trying different methods of calming their relatives and remaining patient and flexible, willing to try different solutions in order to assist them.

Two members of the home's staff had recently been nominated for 'hospitality hero' and 'best newcomer' as part of the providers' national care awards. Nominations came from family members and colleagues and although the staff did not win the awards, they were happy that they had been nominated.

We undertook a SOFI in the dining room over lunch on the ground floor on the first day of our inspection. We saw that staff members were speaking to people with respect and were very patient and not rushing whilst they were supporting people. Where people became agitated or were shouting out, they would speak slowly with people and hold hands to offer reassurance.

We saw on both days of our inspection that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable. Relatives also commented that the home was clean and fresh smelling and the people living in the home always looked clean.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on topics such as meals, activities, complaints and the fees. Forms were also available inviting comments about the service through carehome.co.uk in the reception area. We viewed recent comments on this website and saw that people were happy with the care their relatives were receiving.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. We found that records were dated and had been reviewed appropriately and were signed by a General Practitioner. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

At our last inspection, people's personal information was not always secure, however we saw on this inspection that all paperwork was kept securely. The provider had also provided additional training to all staff on information governance including confidentiality and we saw that staff had worked through comprehensive workbooks on this subject.

We saw that people were supported to maintain their religious beliefs and ministers from two different churches attended the home on a regular basis to visit people in the home. The home had recently contacted a different minister in order that they could support someone who was at the end of their life.

Good

Is the service responsive?

Our findings

We asked people living at The Westbourne about whether they had choices with regard to daily living activities and whether they could choose what to do, where to spend their time and who with. People confirmed that their choices were respected. Comments included, "There's plenty of things to do I can join in and they will take me for a walk in the garden if I want", "I sit and talk; watch TV" and "I like to come and go as I please". A number of relatives commented that daily activities had improved considerably since our last inspection. One person told us, "The activities have perked up".

At our last inspection in November 2015, we found breaches in Regulations 9 and 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not providing care and treatment to service users that met their needs and reflected their preferences. There were very little activities taking place that met individual needs, furthermore we found that care plans were not being reviewed and when there were changes or there had been visits from professionals, these were not recorded so staff were not aware. This meant people were not always receiving care as detailed in their care plan and we could not be confident that the care being delivered was safe. We also found at our last inspection that care plans were disorganised and staff often struggled to find relevant information or some information was not there. Where people needed additional monitoring, for instance of hydration, these charts were not being completed contemporaneously, therefore we could not be confident that these were accurate.

The provider now had a full time activities co-ordinator who was about to leave, but we saw their replacement shadowing them on both days of our inspection. We were able to observe the activities co-ordinator on both days of our inspection and saw that they split their time between doing some group activities like sing a longs, quizzes and a visit from a dog (which people living in the home enjoyed stroking) and then spending time one to one with people; chatting or giving hand massages. We spoke with the activities co-ordinator who advised that they spoke to people when they came into the home and tried to gather information from relatives about what people used to enjoy doing. They ensured that they spoke with each person in the home every day and then their level of engagement would vary dependent upon that person's abilities and how they were feeling that day. They also kept a log of activities undertaken, who had taken part and their participation in the activities. The activities programme was constantly adjusted as a result of observations of what people had enjoyed and also what they were capable of engaging with. We saw a programme of activities for the week which consisted of activities ranging from sing a longs to games, baking and external entertainers.

All the care plans that we viewed contained a pre-admission assessment to ascertain whether the person's needs could be met. The assessment identified the person's needs, their family details and their medical needs prior to their admission into the service.

Relatives told us that they were kept up to date with any changes and were involved in annual reviews of their relatives' care plan. One person told us, "They keep me up to date with anything and I can look in her care file. They do a review each year and I've been involved in the DOLS meeting".

We viewed care plans and could see that these had improved considerably since our last inspection. The care plans were now being reviewed regularly and were better organised. It was clear what support people needed and when their needs had changed this was updated. The care plans were personalised, well written and captured the needs of the individual. For example the people who mattered to them, the food the person enjoyed. We observed that the care people received respected their preferences. We asked staff members about several people's choices and the staff we spoke to were very knowledgeable about the people they were caring for.

We saw that where people needed additional monitoring, for instance if they were at risk of malnutrition of dehydration, records were kept of their daily intake. These had improved since our last inspection in November 2015 and the records were now being consistently kept and these were completed contemporaneously.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was on display in the foyer of the building. We looked at the concerns that had been raised in 2017 and could see that these had been dealt with appropriately. People were also made aware of the process to follow in the service user guide. The relatives we spoke to during the inspection told us that they were able to raise any concerns and were confident that these would be dealt with. Comments included, "I've not had to complain but would have no hesitation in contacting Pat" and "I've not had to complain, but Pat is approachable".

Good

Is the service well-led?

Our findings

There is a registered manager in place who had been registered in April 2016. They were supported by a deputy manager. The service received visits from the regional director and a quality assurance manager for the provider at least monthly.

At our last inspection, the current registered manager had only been in post for five weeks. At that stage, she had identified many of the shortfalls that we found on our last inspection and had produced an action plan in order to make improvements to the service. We saw at this inspection that all the improvements had been implemented. However the registered manager told us that she was continually reviewing the safety and quality of service based on feedback from people who used the service and the relatives who visited the service. We spoke to relatives about the manager. Comments included, "Since Pat's been here, the place is in safe hands. She's straight with us. I go to the meetings regularly and Pat listens. If something needs sorting, you know she'll do this" and "I talk to the manager. If there are any issues, she listens, then acts as appropriate".

The Provider had a corporate quality assurance system where the quality assurance manager visited the home monthly and produced a report for the registered manager to action. At these visits, the quality assurance manager spoke with staff and people living in the home as well as their relatives. They checked the environment, looked at complaints, what audits had been completed in the last month and what meetings had taken place and then an action plan was put in place that was reviewed at the next visit.

The registered manager completed monthly audits on areas such as care plans and accidents. Where shortfalls were identified, these had been acted upon and improvements made. The registered manager undertook quarterly audits in other areas such as infection control and kitchen audits. However if issues were found these were conducted on a more regular basis. This helped to ensure any issues in these areas were identified and addressed in a timely manner.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system, bed rails and water temperatures. We saw appropriate safety certificates were in place for gas, electrical installation and legionella prevention.

We saw that family and friends' meetings were being held every two months and we were able to view the minutes from the last meeting. Items discussed involved staffing, refurbishment, food and activities. There was a suggestions box in the reception area inviting feedback and comments and the registered manager operated an open door policy, so relatives were able to raise any issues at an early stage. During our inspection, we observed relatives speaking to the registered manager on their way in and out of the home.

In addition to the above, we saw leaflets in the reception area asking people to review the care home on carehome.co.uk, an independent website.

The provider conducted an annual survey with the people living in the home. We were able to view the

survey from 2016 and saw that this had been conducted by an independent source, Ipsos Mori. We saw people were asked about how they were treated, whether they felt staff understood them as an individual as well as questions about the food and laundry. The survey found that overall 100% of people were satisfied with the standard of care in the home. The low scoring areas were meals and staffing. The registered manager advised that these issues were regularly discussed at the relatives meetings.

The service had links with local secondary and primary schools. Secondary school children came in regularly to shadow the activities co-ordinator and chat with people living in the home, whereas the primary school children would put on a performance at seasonal events such as harvest festival. The home had come third in the provider's doorstep challenge. This was the provider's national competition where homes had to present the outside and entrance to the home in seasonal decorations. The registered manager told us that they felt that this had drawn positive attention to the home within the local community.

The registered manager had introduced a governance development forum with the other homes within the provider's portfolio in the local area. The aim being for different roles to meet with their counterparts in other homes to offer support, share best practice and ideas. This meant staff such as the activity co-ordinators or chefs were able to meet and support one another within their respective roles.

Staff members we spoke with had a good understanding of their roles and responsibilities and throughout the inspection we observed them interacting with each other in a professional manner. Everyone we spoke with was positive about how the home was being managed and the improvements since the current registered manager had been in post. Comments included, "Pat is very open to suggestions and will try things. We have a good team", "We have a good team with a strong work ethic" and "The team has got a lot stronger in the last six months and it's more stable".

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and raise concerns. During our inspection we viewed minutes from past staff meetings and saw that these were held on a regular basis and staff had opportunity to discuss a variety of topics.