Anchor Carehomes Limited

Hurst Park Court

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

This inspection took place over two days on 23 and 24 May 2018. The first day was unannounced and the second day was announced.

The last inspection of the service was carried out in April 2017 and during that inspection we found breaches of regulations in relation to the safe management of medication, consent to care and assessing and monitoring the quality and safety of the service. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, caring, responsive and well-led, to at least good.

During this inspection we found the required improvements had been made.

Hurst park Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hurst park Court accommodates up to 41 people who require personal care. At the time of the inspection there were 40 people using the service. The service provides accommodation over two floors.

The service did not have a registered manager; however, a manager was in post and they had applied to CQC to become the registered manager. 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.

Improvements had been made so that people received their medication on time and in the right way. All medication was safely stored and accounted for. There was sufficient stock available so that people received their prescribed medicines at the right times. Rooms used for storing medication were appropriately ventilated, clean and well organised. Records were in place with instructions for staff on the use of medication including the application of topical creams and pain relief patches and the use of 'As required' (PRN) medication. Audits showed the management of medication had improved and that the improvements had been sustained.

Improvements had been made as to how the rights of people were assessed and recorded under the Mental Capacity Act 2005. People's mental capacity had been assessed and plans put in place to guide staff on ensuring people's rights were protected within the law. Records demonstrated that best interest decisions were made with the involvement of people and relevant others.

Improvements had been made to how some aspects of the quality and safety of the service were monitored. The registered provider's quality assurance framework was followed effectively. The required checks were carried out on areas of the service at the required intervals. Action plans were developed and followed

through for areas of improvement identified.

People felt safe living at the service. Staff completed training and had access to advice and guidance about safeguarding people. Staff understood the different types of abuse and indicators of abuse and were confident about reporting any safeguarding concerns. Records showed that appropriate safeguarding referrals were promptly made and action was taken to protect people from further risk of abuse. Risks to people's safety were assessed and mitigated, this included risks associated with aspects of people's care and the environment.

The environment and equipment people used was clean and hygienic and there was a pleasant smell throughout the building. Cleaning schedules were in place and being followed. Staff followed good infection prevention and control practices. This included the use of appropriate bins for disposing of clinical waste and the use personal protective equipment (PPE) to help minimise the spread of infection.

Staff were recruited safely. The suitability of staff was assessed prior to them being offered a position. This included a check on their criminal background, previous work history, skills and qualifications. There were sufficient numbers of suitably skilled and experienced staff deployed across the service to meet the needs of people and keep them safe.

Staff received training and support for their role. On commencing work at the service staff completed induction training. This included learning about their role and people's needs and the completion of training in line with The Care Certificate. All staff were provided with ongoing training in areas of health and safety and topics relevant to the needs of people. Staff received support through one to one supervisions, appraisals and staff meetings.

People's nutritional and hydration needs were assessed and planned for using a nationally recognised tool. People were provided with a choice of food and drink which was prepared in line with their dietary needs. People were provided with aids they needed to help with their independence at meal times. Staff ensured people had access to regular snacks and drinks and where required people's food and fluid intake was monitored to ensure they had a healthy intake.

People's healthcare needs were understood and met. Staff supported people to access appropriate healthcare services as and when they needed to. Staff promptly identified and reported any concerns they noted about a person's health or wellbeing and took appropriate action. For example, called upon the person's GP or other health and social care professionals for advice and guidance.

The environment was equipped with aids and adaptations to help people move about safely and independently. There were focal points and signage to help orientate and stimulate people living with dementia. There were plans in place to further develop the environment, for example, the development of additional focal points for people who liked to keep busy along hallways.

People were treated with respect, kindness and compassion and their privacy and independence was promoted. Staff spent time with people and listened to them with interest. Staff were knowledgeable about people's life histories, important relationships and things that mattered to them. Staff used this knowledge to engage people in discussions of interest and to comfort people when they were upset or unhappy. Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. Personal information about people was treated in confidence. This included keeping records secure and speaking in private with and about people.

Care plans were written in a way that focused on people's individual needs and how they were to be met. They included direction and guidance for staff to follow to help ensure people received their care and support they needed and in the way, they wanted. Care plans were kept under review and updated with any changes as they occurred.

Activities and opportunities for interaction were available to people throughout the day and night. The care team organised and facilitated things for people to take part in, including baking, singing and dancing and light exercises. Profiles detailing people's backgrounds, life history, things of importance and personal preferences were developed. These gave staff a good insight into people's lives and lifestyle choices enabling them to engage people in conversations and activities of interest. People were given opportunities to maintain links with their local community through visits out to local shops, cafes and community groups and they received regular visits from local school children.

The manager had good values and strived for high standards of care for people, which they promoted amongst the staff team. The leadership of the service was described by people and others as positive and inclusive. There was an open culture whereby everyone felt able to share any concerns or ideas about the running and development of the service. Regular meetings took place for people, family members and staff, during which time they were encouraged to share their views and put forward ideas. There was good partnership working with others, including external professionals and other service providers and managers in the local area.

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.

Improvements were made so that people received their medicines on time and in the right way.

Staff were recruited safely and there were sufficient numbers of suitable staff to meet people's needs and keep them safe.

People felt safe living at the service. People were safeguarded from abuse and the risk of abuse. Risks to people were assessed and mitigated.

Is the service effective?

Good

The service was effective.

Decisions made on behalf of people who lacked capacity were made in line with the Mental Capacity Act 2005.

The environment was designed and adapted to meet people's needs. Parts of the service provided stimulation and wayfinding for people living with dementia.

People's nutritional and hydration needs were assessed and understood. People enjoyed a variety of food and drink to meet their needs and choices.

Staff were provided with training and support they needed for their role and to meet people's needs.

Is the service caring?

Good

The service was caring.

People were treated with respect, kindness and compassion and their independence was promoted.

People were provided with emotional support with good outcomes.

Staff used their knowledge of people to engage them in discussions of interest and people enjoyed laughter and banter with staff.

Personal and confidential information about people was treated in confidence.

Is the service responsive?

Good

The service was responsive.

Care was assessed and planned with the full involvement of people and relevant others. Care plans clearly reflected people's needs and wishes.

People were given opportunities throughout each day and night to engage in activities based around their hobbies and interests.

People, family members and others had information about how to complain and were confident about doing so if they were unhappy about anything.

Is the service well-led?

Good

The service was well-led.

The processes for monitoring the quality and safety of the service were effective following improvements made.

The leadership of the service promoted an open and positive culture which was felt by all.

People and others were involved in the running and development of the service and their views were listened to and acted upon.

Hurst Park Court

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 May 2018. The first day of the inspection was unannounced and the second day was announced. One adult social care inspector and an expert by experience carried out the inspection on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise is dementia care. One adult social care inspector carried out the inspection on the second day.

Prior to the inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the registered provider is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the registered provider plan to make. We contacted local authority commissioners and safeguarding teams and Knowsley Healthwatch for information about the service and they raised no concerns.

During the inspection we spoke with seven people who used the service and six family members. Not everyone who used the service was able to verbally communicate with us due to their health care needs. We used the Short Observational Framework for Inspection (SOFI) at different intervals throughout the inspection visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, an area manager, deputy manager, eight care staff and other staff who held various roles including kitchen staff and housekeeping staff. We looked at records relating to the care of five people, four staff recruitment files, staff rotas, staff training records and quality monitoring records.

Good

Is the service safe?

Our findings

At our last inspection in April 2017, we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure the safe management of medication. At this inspection we found that the required improvements had been made and the registered provider was no longer in breach of this regulation.

The required improvements had been made so that adequate stocks of prescribed medication were available at all times and so that people received all their prescribed medication on time and in the right way. A recent audit carried out by an external medication management team and those carried out each month by the manager showed significant improvements had been made and sustained since the last inspection.

Staff had access to up to date guidance on the safe management of medication, including the registered provider's policy and procedure. Medication was administered only by staff who had completed the relevant training and checks on their competency. There were dedicated rooms on each floor for the storage of medication and they were kept locked when unattended. The rooms were clean, well-organised and well ventilated. Records showed the temperature of the rooms and medication refrigerators had been monitored daily to ensure they were within the required range so that medicines remained effective. Safe systems were in place for the ordering, receipt, disposal and administration of medication and records showed these were correctly followed.

Each person had a medication administration record (MAR) listing each item of their prescribed medicines and instructions for use. MARs were accompanied by a personal profile which displayed a recent photograph of the person along with details of any allergies and any special instructions for administering medicines. For example, some people required their medicines to be given covertly. This is when medicines are disguised in food or drink without the person's knowledge. Where this was required appropriate letters of authorisation were in place from the person's GP along with clear information about the reason for the use of covert medication and how it was to be prepared and administered.

MARs were signed to show when a person had taken their medicines and identifiable codes were used where a person had not taken their medication, for example if they refused or where in hospital. Staff followed appropriate guidance by contacting a person's GP in circumstances when they had continuously refused to take their medicines. Staff were required on occasions to handwrite details of medicines and instructions for use, for example if a person was prescribed antibiotics or other short-term medication. All handwritten entries were signed by the staff member who transcribed it and a second member of staff after they had checked the accuracy of the information. This helped to minimise the risk of errors being made.

A body map was in place for people who were prescribed topical creams and pain relief patches. These clearly identified the area on the body where the medication was to be applied. Details of these medications and times of use were recorded onto the persons MAR. Some people were prescribed medication to be

given 'when required, (commonly referred to as PRN medication), for example for pain or anxiety. Protocols were in place for the use of PRN medication and they provided guidance for staff on the reason for giving it, the dose to be given and minimum intervals between doses. The use of PRN medication was clearly recorded and kept under review. These records showed that people were administered PRN medication in line with the prescriber's instructions.

Medication was administered to people in a timely way. The medication rounds on both days of inspection were completed in good time. Time specific medication, for example to be given before getting out of bed or before or after food, was administered to people at the correct time. People told us they always got their medicines on time. Their comments included, "Oh yes not a minute late" and "I always get my tablets when I need them."

People were protected from the risk of abuse. Staff had undertaken safeguarding training and had access to information and guidance about what was meant by abuse. This included the different types and indicators of abuse and how to report any safeguarding concerns. Staff demonstrated a good understanding of how to protect people from abuse and how to report any concerns. Allegations of abuse were promptly reported to the relevant agency including the local authority safeguarding team and the Care Quality Commission (CQC). The manager maintained a record of all safeguarding referrals made. These showed that the manager and other staff took the appropriate action and worked in partnership with relevant others to keep people safe and minimise further risk to people. People told us they felt safe living at the service. Their comments included, "I never felt safer, knowing that there is always someone I can call up for help if I need to" and "I'm not worried about a thing, the staff all look out for me." A family member told us, "I leave here with no worries at all because I know [X] is looked after well and treated properly."

Risks to people were assessed and mitigated. Risks people faced such as falls, moving and handling, nutrition and those associated with the environment were assessed. The tools used for assessing risk helped to determined who was at risk, the level of risk and the measures which staff were required to take to minimise the risk of harm. Identified risks and guidance for staff on how they were to be managed were incorporated into the person's care plans. This guidance was followed to minimise the risk of harm to people and others. For example, sensor mats were in place for people at risk of falls and meals and drinks were modified for people who were at risk of choking. People who chose to keep busy around the environment were encouraged to do so safety.

Accidents and incidents were appropriately recorded and monitored in line with the registered provider's requirements. This included prompt completion of an accident and incident form detailing the event, who was involved and the impact on people or others. Records showed that immediate action was taken at the time of incidents/accidents, for example medical advice was obtained where a person sustained an injury. The details of accidents and incidents were also entered onto the registered providers electronic system and the data was regularly reviewed as a way of identifying any patterns or trends. Where this was identified, action plans were put in place and lessons were learnt to reduce further occurrences.

The environment was clean and hygienic and free from hazards. Cleaning schedules were in place and being followed for the environment and equipment people used for their comfort and mobility. The environment smelt pleasant throughout and equipment including hoists, stand aids and wheelchairs were clean. Colour coded cleaning equipment, and bins for the disposal of clinical waste were in use and being used appropriately. There was a good stock of personal protective equipment (PPE) for staff to use including hand sanitiser and disposable gloves and aprons. Staff used these in line with good infection prevention and control procedures. This helped to minimise the spread of infection. Records including safety certificates showed that equipment and utilities were regularly checked and safe for use. This included hoists and

wheelchairs, the passenger lift, fire systems and firefighting equipment, gas, electricity and water quality.

Safe processes were followed for recruiting new staff and this was evidenced through recruitment records which were maintained for each member of staff. Applicants had completed an application form with details of their previous work history, qualifications, skills and experience. They attended interview and were subject to a series of pre-employment checks including a check carried out by the disclosure and baring service (DBS). A DBS check informs employers if prospective employees are barred from working with vulnerable adults, or have a criminal record. All this information was used to assess the applicant's suitability for the role prior to them being offered employment.

There were sufficient numbers of staff on duty to meet people's needs and keep them safe. A dependency tool was used to calculate the amount of staff required to meet people's needs and keep them safe. Occupancy levels and people's care need requirements were fully considered as part of the calculation. For example, in circumstances where a person needed one to one support this was put in place. People and family members told us that there was always enough staff available to meet people's needs.

Good

Is the service effective?

Our findings

At the last inspection we recommended that the registered provider review their process for recording best interest decisions made on behalf of people. This was because records lacked information about discussions which took place in relation to a best interest decision and the outcome decided. During this inspection we found improvements had been made.

The Mental Capacity Act (MCA) provides a legal framework for making 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 had their capacity assessed appropriately. Information was held for those who had appointed lasting powers of attorney (LPA) for either finances or health and welfare, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Improvements had been made in relation to decisions which were made in people's best interest. Records were maintained of any best interest decisions made for people and they included all the relevant information. For example, the reason for the decision and those involved such as the person, family members and other professionals.

Policies and guidance were available for staff in relation to the MCA and associated DoLS and the manager and staff had completed MCA training. They had a good understanding about their responsibilities for ensuring people's rights were protected in line with the MCA. The manager and other relevant staff worked in partnership with relevant authorities to ensure appropriate DoLS applications were made for people, put in place and adhered to. The details of DoLS authorisations were included in care plans and monitored to ensure they were being applied appropriately.

Where a DoLS authorisation was in place for people they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff obtained people's consent before providing care and support and they gave people choices about things such as how and where they spent their time.

Staff had the skills, knowledge and experience to deliver effective care and support. New staff completed an induction which they commenced on the first day of employment. During induction staff learnt about the expectations of their role, the visions and values of the organisation and were made familiar with the registered provider's policies and procedure. They worked alongside more experienced staff for a period of

time before being included on the core rota. This gave them an opportunity to meet people and become familiar with their needs.

New staff who had not already completed The Care Certificate were enrolled onto it. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. Staff told us their induction was thorough and informative. Training in mandatory topics and other topics relevant to people's needs was ongoing for all staff. The manager actively encouraged and supported staff to obtain further qualifications including Qualifications and Credit Framework (QCF) level 3 and above and supported staff with their learning.

Staff told us they were provided with a good amount of training which they considered relevant to people's needs, their roles and responsibilities. Staff completed on line training and attended classroom based training for practical topics such as moving and handling.

Staff described a supportive working environment in which they felt at ease approaching the manager and other senior staff for advice or support. Supervision was provided to staff on a one to one basis and through staff meetings and general discussions with the manager or others senior staff as and when needed. One to one meetings gave staff the opportunity to discuss in private their work and any training and development needs.

People's healthcare needs were understood and met. Each person was registered with a GP and they had access to other primary healthcare services including opticians, chiropodists and dentists. Staff monitored people's health closely and worked with other health and social care professionals according to people's individual needs. People who required it received support and care from community nurses who visited them regularly. A record was kept of all contact people had with external healthcare professionals, the outcome of the visit and any advice and guidance for staff to follow.

People's nutritional and hydration needs were assessed and planned for. A nationally recognised tool was used to identify the care and support people needed to maintain a healthy diet and any associated risks with eating and drinking. Appropriate referrals were made to the Speech and Language Therapist (SALT) team for people who were identified as being at risk of chocking and to dieticians for people at risk of malnutrition and or dehydration. A nutritional care plan was developed based on assessments carried out. These plans provided staff with information such as any practical assistance people needed to eat and drink and any specialist equipment they needed to promote their independence at meal times.

Risks associated with eating and drinking and how they were to be minimised were clearly documented in care plans. For example, instruction from SALT and dieticians about how to modify food and drink for people at risk of chocking and how and when to monitor food and fluid intake and weight for people identified as being at risk of malnutrition and/or dehydration.

Records showed that people's needs were appropriately monitored and that staff acted appropriately where the records indicated a concern. For example, GPs, SALT and Dieticians were contacted where it was noted that a person's food and fluid intake and weight had declined. Kitchen staff held information about people's dietary needs including their likes, dislikes and any specialist dietary requirements.

A rotating four-week menu was in place which included a choice of hot and cold meals. The menus showed a choice of meals and other alternatives. Staff asked people each morning what their choice of main meals were for the day so that the chef could effectively plan and prepare meals. If people changed their mind at the point of their meal being served staff offered them an alternative.

Staff offered people a choice of snacks and drinks in between main meals including biscuits, cake, fruit, crisps and hot and cold drinks. Most people ate their meals in the dining room, however people who preferred to eat in their bedroom or other communal areas were provided with fresh drinks, meals and snacks.

People's commented positively about the food and drink served. Their comments included, "It's beautiful, I get more than enough to eat," "I couldn't ask for better meals," "There always a choice of two meals, if I don't like what's on offer they will make something else" and "The food is very nice and I enjoyed my soup." Family members commented that the food was good and of good quality. Their comments included, "My relative has got a problem with her teeth so the staff mashes her food; she is eating really well and as put weight on since moving to Hurst Park," "Mum is on a soft diet because of swallowing problems. The staff assist her but also encourage her to try herself on a good day" and "Most days I have my dinner with my relative. There is always a good choice."

The environment was bright, airy, spacious and equipped with aids and adaptations which people needed to help with their mobility and navigation. Handrails distinguished in different colours were in place along hallways and in bathrooms and toilets.

Work had taken place since the last inspection making the environment more dementia friendly and further improvements were ongoing. The manager and other senior managers within the organisation had researched and consulted with dementia specialists to help with the design and adaptation of the environment. Hallways leading to bedrooms on the ground floor had been designed to replicate street themes. This included the redesign of bedroom doors so that they replicated actual front doors with numbers, door knockers and letterboxes. People were given a choice of primary colours for their bedroom doors. Name plates and other personal items including, pictures, photographs and signs were displayed on the outside of bedroom doors or on walls nearby to help people find their rooms.

A room on the ground floor had been designed to replicate a 'pub' from the local area which people were familiar with. People were involved in the design of the pub, for example the design and location of the bar and the decoration. Pictorial signs were displayed on the outside of bathrooms and toilets to help people recognise them. Some bathrooms had been refurbished so they provided a more relaxing feel. For example, they were painted in soft colours and displayed pictures and ornaments.

Pictures from the past including those of the local area were displayed along hallways and in communal areas to help people reminisce. People who chose to, kept busy around the environment stopping and chatting with each other and staff at focal points including a bus stop and library area.

Good

Is the service caring?

Our findings

People told us that staff were kind, caring, polite and respectful towards them. Their comments included, "The staff are very good and treat me with dignity at all times. I can shower and dress myself and they leave me to do this without interfering," "They [staff] are all ever so nice. Yes, they treat me with respect," "I can't fault any of them [staff] they are all smashing, very caring" and "Nothing is too much trouble. They are very respectful." Family members told us they thought their relative was treated with dignity and respect and that staff were very caring, compassionate and patient. Their comments included, "Even when they [staff] are busy they take time out to talk to Mum and comfort her," "They are so patient and show a lot of compassion" and "My relative can shower and get herself dressed. The staff encourage this to try and maintain a level of independence."

Staff treated people with kindness, respect and compassion. We saw many examples throughout the inspection where staff approached people and enquired about their comfort and wellbeing. This included offering cushions to people who were resting in easy chairs and asking people if they were ok and needed anything. Staff took time to sit with people and engage them in conversations of interest. Conversations staff initiated with people demonstrated they had taken time to get to know the person. For example, a member of staff chatted with a person about where they used to live and work and another member of staff engaged a person in a conversation about their family. Both people chatted eagerly with staff about the topics discussed and staff listened with interest. People were relaxed and comfortable around staff and shared much laughter and banter. Staff offered appropriate support and comfort to people who became upset or unhappy. For example, a member of staff sat next to a person and held their hand on noticing the person was upset. The member of staff continued to comfort the person until their mood changed to a positive one and they carried out regular observations to check the person was ok.

People's privacy, dignity and independence was promoted. Staff knocked on doors before entering bedrooms, bathrooms and toilets and waited for a response before entering. People received personal care in the privacy of their bedrooms, bathrooms and toilets with doors closed. Some people preferred to spend time alone in their bedrooms and people told us this was respected by staff. Staff explained other ways in which they promoted people's privacy dignity and independence. This included ensuring intimate care was provided by the persons preferred gender of carer and encouraging people to do as much as they could for themselves.

Relationships which were important to people were detailed in their care records along with details about how staff could support people to maintain them. Throughout both days of inspection, we observed people receiving visits from family and friends. Staff greeted visitors and offered them refreshments. People had the choice of meeting with their visitor either in the company of others in communal areas, or in the privacy of their own room or other quiet areas. Visitors told us they were always made to feel welcome and there were no restrictions on visiting times. Some people had developed close friendships with others living at the service and staff supported these relationships.

There was a warm and friendly atmosphere at the service and people and family members told us this was

usual. Their comments included, "It's very much a home from home and it always feels relaxed," "It's great in here; it's always feels like a happy environment" and "The atmosphere is ok and the staff make sure nobody is left out, they make sure everybody is involved."

People were provided with information about the service which included a welcome pack detailing the services and facilities people should expect from the service. Information about advocacy services was also made available to people. An advocate is an independent person that helps people to express their views or speaks on their behalf.

People were involved in decisions about their care and support and encouraged to express their views. This was through day to day discussions staff held with people and regular 'resident' and care plan review meetings. People were also approached and invited to express their views about the service during quality checks carried out by the management team.

Personal information about people was treated in confidence. Paper records were locked away when unsupervised and information held on the computer was password protected. Only authorised staff had access to people's personal information. Staff were careful not to be overheard when speaking with people about personal matters and when sharing information amongst each other about people. Staff knew their responsibilities for ensuring the protection of personal information about people.

Staff understood the importance of ensuring people's human rights, equality and diversity. Care plans captured information to ensure that the person received the care and support they needed in accordance with their wishes and lifestyle choices.

Good

Is the service responsive?

Our findings

People received care and support that was personalised to their individual needs and wishes. People's needs were assessed and a care plan was developed for all their identified needs. Care plans clearly identified the area of need, what the intended outcome was for the person and the measures staff were to take to enable the person to achieve this. Care plans focused on people as individuals taking account of their diverse needs, strengths, choices and preferences, life history, interests, goals and aspirations. For example, one person's care records stated, 'I want to live as independently as possible, I can do a lot of things for myself so please ask me and I will tell you.' Another person's care records stated, 'I like to brush my own hair' and 'I like to choose what I wear' A third person's care records stated, 'Family are very important' and 'I like a daily newspaper.' Discussions held with people and staff and observations showed people received care and support which was responsive to their needs and wishes. People were encouraged to make choices and have as much control over their life as possible. Risks to people were managed in a way which gave people as much independence as possible while remaining safe.

Daily handover meetings took place at each staff changeover and staff completed daily records summarising the care and support people had received. This helped staff to share and record important information about people, such as their progress and achievements, changes to their needs and how they were to be met. People were involved in the initial assessment and planning of their care along with relevant others such as family members. Their involvement continued through regular review meetings. These meetings gave people an opportunity to reflect on the care and support they received and make any changes and set new goals should they wish to.

The registered provider had policies in place for equality and diversity and religious and cultural needs and staff had undertaken training in this area. This helped raise staff awareness of people's diversity, faith and culture and understand the impact it may have on everyday life. Care records included details about people's chosen faith, important events and celebrations and the support they needed to continue with these. Arrangements were in place for people to attend church services either within the service or in the local community.

People told us that they received all the right care and support. Their comments included, "They [staff] know exactly what I need and I get it all" and "They [staff] look after me very well, they really understand me." Family members commented, "They [staff] do a great job of looking after [relative], we have no worries on that score" and "[Relative] has come on leaps and bounds since moving in here."

People were given the opportunity to take part in a variety of activities within the service and in the local community. The care team organised and facilitated activities for people which meant opportunities were made available to people throughout each day and evening. Both group and one to one activities were planned in accordance with people's need. To assist with planning meaningful activities staff spent time with people and their family members to compile a profile of the person. These contained information about the person's past life, hobbies, interests and preferences.

During inspection staff took a group of people for trip to a dementia café in the local area. On their return people expressed how much they enjoyed the trip. Discussions with people and records showed that this was a regular activity offered to people. A group of children from a local school were supported by their teachers to visit the service each month. The children visited on the first day of inspection. People showed a lot of interest in the children as they participated in activities together including art and crafts. Some people had established close friendships with the children and they told us they really looked forward to their visits. Other activities which people took part in included, baking, trips to the local village for fish and chips, armchair exercises and sing a longs. During inspection we observed a group of people and staff in the lounge enjoying a sing along with instruments. A singer visited the service each week to provide people with entertainment. People were supported by staff to make fruit cocktails which they named, and they were offered to people inside and to those as they enjoyed watching the singer performing outside in the garden.

People were provided with daily newspapers and magazines, including the 'Weekly Sparkle.' This is a magazine designed to stimulate and improve memory. The magazine contains quizzes and articles from the past which staff used to engage people in conversation and activity. Staff had a good understanding people's preferred hobbies and interests and they knew what activities motivated people. People told us there was a good choice of things to do and they had a choice as to whether they took part or not. Their comments included, "I take part in activities such as quizzes and sing songs. It's not juvenile activities, they are aimed at adults," "I take part in all of the activities that I can," "I spend some time in my room and then I go to the lounge when I want to" and "Oh yes there is so much to do if you want to, I love the dancing and singing." A family member told us, "I really like the home, my relative likes singing and watching the activities. She is happy and that's what matters."

The registered provider had a complaints policy and procedure with was made available to people, family members and other visitors to the service. There was information about how to complain in the reception area and it was given to people on admission to the service and family members. People and family members told us they had not concerns about complaining should they need to and that they were confident that their concerns would be listened to and dealt with in the right way. One person said, "I have no complaints, I like living here" and another said, "I've no worries about complaining if I needed to." The manager maintained a log of complaints made, including who made the complaint, the nature of it, how and when it was investigated and the outcome.

The 'Six Steps' end of life care programme was in place. The programme teaches staff to be competent and confident in providing sensitive, compassionate, end of life care for people. Dedicated staff attended the workshops and provided other staff with training and advice about end of life care. Appropriate care plans were in place for people who had agreed to discuss their end of life wishes.

Good

Is the service well-led?

Our findings

At our last inspection in April 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure effective systems were in place to assess, monitor and improve the service that people received and protect them from the risk of harm. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

At the time of the inspection there was no registered manager for the service, however a manager was in post and had applied to CQC to become the registered manager. 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.

The processes and systems for checking on the quality and safety of the service had improved since the last inspection and were effective. The registered provider had a structured quality assurance framework in place which had been followed. Audits (checks) were carried out in line with the registered providers requirements. This included checks on medication and associated records, the environment and equipment, infection control, care plans and staffing. The audits helped to identify areas for improvement. Action plans were developed for making improvements and included who was responsible for the action and timescales for completion. The manager and other senior managers within the organisation including the area manager and a quality manager monitored action plans to ensure they were followed through.

There was a clear management structure operated at the service which was understood by people, family members, staff and external health and social care professionals. The manager was responsible for the day to day running of the service and there was a deputy manager and a team of senior carers who had responsibilities for overseeing the work and providing support to junior staff. In the absence of the manager, either the deputy manager or a senior carer was identified as the person in day to day charge of the service. An area manager visited the service regularly to provide the manager with support and to ensure that the registered providers quality assurance framework had been followed. The manager told us they received a really good level of support from the area manager and other senior managers within the organisation. They said they always made themselves available for advice and support and visited the service to provide managerial support whenever they requested it. The area manager supported the manager throughout the inspection on both days.

Staff described the manager as being very fair and approachable with good values. They said the manager always strived to ensure people received the highest standard of care and that they cared about staff wellbeing. Staff, family members and visiting professionals reported many improvements at the service since the appointment of the manager. Staff told us that the morale amongst the staff had improved greatly and they described an open culture which promoted their involvement in the running and development of the service. Staff told us they felt valued and that the lines of communication were good. They understood the visions and values of the service and how they aimed to ensue people received a high standard of

personalised care. One staff member told us, "[The manager] is a good listener and treats everyone with dignity and respect" and another said "It's so much better here now [Manager] has made a big difference. I always enjoy coming into work." A family member said, "[X] (manager) is very efficient and seems to have an excellent relationship with her staff."

People, family members and staff were involved in the running and development of the service and encouraged to express their views and opinions about the service and the care provided. This was done through regular care reviews, staff and residents and relatives meetings and the completion of questionnaires. Results of surveys and minutes of meetings were made available around the service and included what action had been taken to make improvements which were suggested. The manager also promoted an open flow of communication through their open-door policy. Everyone commented that they were encouraged approach the management team with questions, concerns and for advice and guidance. The manager and others senior staff were visible around the service throughout the inspection and always took time to speak with people, their family members, staff and visiting professionals. People told us they thought the manager valued their feedback.

The manager and other staff worked in partnership with others to meet people's needs. This included working with external health and social care professionals and networking with other managers and providers of services in the area. Visiting professionals praised the manager for their commitment in ensuring good partnership working and described how this had positively impacted on people. For example, how improved lines of communication, prompt referrals and a consistent approach had resulted in good outcomes for people. The manager was actively involved in several projects and workshops within the local area attended by other service providers, managers and professionals. This enabled them to share new ideas and examples of good practice and successes.

There was a range of policies and procedures for the service which were kept under review by the registered provider to ensure that they were in line with current legislation and best practice. Policies and procedures support effective decision making and delegation by providing guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Staff knew where these documents were located and of their responsibilities to adhere with them to ensure people's health, safety and wellbeing, their own and others visiting the service.

The manager and other senior staff had a good understanding of their responsibilities in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and associated guidance. The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

Ratings from the last inspection were displayed at the service and available on the registered provider's website as legally required. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided.