

Regal Care Trading Ltd

Loose Court

Inspection report

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Tel: 01622747406

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 was carried out on 28 March 2017. The inspection was unannounced.

Loose Court is registered to provide accommodation and personal care for up to 42 older people. Some people were living with dementia, some had mobility difficulties, and sensory impairments. Accommodation is provided on two floors with a lift between floors for easy access. The home has a garden area which provides a safe outdoor space. The premises are situated on the outskirts of Maidstone. At the time of our inspection there were 38 people living at the service.

The service had a 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.

At our previous inspection on 26 April 2016, we found breaches of Regulation 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people had not received their medicines as required or as prescribed. The provider had failed to operate an effective quality assurance system and failed to maintain accurate records. Steps taken in the home did not follow the principles of the Mental Capacity Act (MCA) 2005. Staff had not received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. We asked the provider to take action to meet the regulations.

We received an action plan on 27 June 2016 which stated that the provider would be meeting the regulations by mid July 2016.

People and their relatives told us that they received safe, effective, caring and responsive care and the service was well led.

Medicines were not well managed. Medicines had not been stored appropriately. Medicines records did not always detail why people had 'as and when required' (PRN) medicines.

Staff had a good understanding of what their roles and responsibilities were in preventing abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies.

The provider followed safe recruitment practice. Essential documentation was in place for all staff employed. Gaps in employment history had been explored to check staff suitability for their role. There were suitable numbers of staff deployed on shift to meet people's assessed needs.

The premises were well maintained, clean and tidy. The home smelled fresh.

Staff had undertaken training relevant to their roles. Staff were supported to gain qualifications and were supported in their roles. They had received regular supervision meetings and those that had worked longer than one year had received an appraisal to discuss their performance, training and support.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

Staff had a good understanding of the Mental Capacity Act 2005 and supported people to make choices. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the registered manager.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. Feedback from healthcare professionals was positive.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed. Staff treated people with dignity and respect.

People's care was person centred. Care plans detailed people's important information such as their life history and personal history and what people can do for themselves.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People's views and experiences were sought through surveys and meetings. People were listened to. People and their relatives knew how to raise concerns and complaints.

There were quality assurance systems in place. The registered manager and provider carried out regular checks on the home. Action plans were put in place and completed quickly. Staff told us they felt supported by the registered manager.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines were not well managed and were not securely stored.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Risks to people's safety and welfare were assessed and managed effectively.

There were enough staff employed to ensure people received the care they needed and in a safe way. Effective recruitment procedures and practices were in place and being followed.

Is the service effective?

Good 

The service was effective.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

People received medical assistance from healthcare professionals when they needed it.

Staff had attended training they needed, training was on going. Staff received supervision and said they were supported in their role.

Meals and mealtimes promoted people's wellbeing. People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered for.

Is the service caring?

Good 

The service was caring.

People told us they found the staff caring, friendly and helpful and they liked living at Loose Court.

People had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained important information about them and what they needed help with. People's care had been reviewed regularly.

People were encouraged to participate in meaningful activities, which were person centred.

People and their relatives knew how to raise concerns and complaints. The complaints policy was prominently displayed in the home.

People and relatives had opportunities to feedback about the service through surveys and meetings.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to monitor the quality of the service, action taken to address areas of concern was timely. Records relating to people's care and the management of the service were well organised and complete.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the management team.

Loose 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 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 28 March 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we reviewed previous inspection reports, actions plans and notifications before the inspection. A notification is information about important events which the service is required to send us by law.

We spent time speaking with nine people, four relatives, two visitors and two visiting nurses. We spoke with eight staff including care staff, senior care staff, the cook, the registered manager and the nominated individual for the provider.

Some people were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals including the local authorities' quality assurance team and care managers to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included five people's care records, medicines records, risk assessments, staff rotas, four staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records a statement of purpose and a supervision matrix. The information we requested was sent to us in a

timely manner.

Is the service safe?

Our findings

At our last inspection on 26 April 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have good systems in place to safely manage people's medicines. People had not received their medicines as required or as prescribed. The provider sent us an action plan which stated they would meet Regulation 12 by 27 May 2016.

At this inspection we found that medicines practice had not improved.

People told us they felt safe living in the home. Comments included, "I am safe because I am comfortable and staff are very kind. I know everyone and don't ever remember seeing strange faces from an agency"; "I am safe because I have all my friends around me. We have lost a few, [person] died, she gave me this skirt"; "I am safe. I used to fall over in my bungalow, not anymore"; "I have no worries at all, no one ever shouts or is impatient with me here" and "I am safe I have my walker and a bell to ring for help, they come very quickly most times".

Relatives told us their family members received good safe care. One relative told us, "When my husband came to live here he was confused but he never says 'I want to go home' If he does say it he means he wants to go back to his room; he feels safe there and is never bullied or harassed in any shape or form. I have never seen a carer being impatient with him, either by gesture or word. If a resident is difficult they divert their attention and remain very calm. I am very impressed". Another relative said, "He's safe here".

Medicines were not always managed safely. During the inspection, we found that medicines trolleys were left in the dining area of the home. They were locked but were not fixed to the wall. Staff told us that this is where the medicines trolleys stayed from morning through to evening and they were then taken back to the medicines room to be locked up properly at the end of the day. The medicines room was temperature checked by staff daily to check that medicines were stored within suitable temperatures. However, there were a number of days when the temperature of the medicines room and the medicines fridge had not been recorded in the month of March 2017. An air conditioning unit was available in the room to cool the room when temperatures exceeded the safe storage temperature of medicines. However, the medicines were stored in the warm dining area for more than 12 hours per day. We observed this room was hot and the trolleys were in full sun for part of the day. Temperatures were taken with a thermometer which was designed to measure the temperature of water.

Medicines stock records did not always detail accurate amounts of medicines in stock. We found Glycopyrronium medicine which had not been signed in. PRN protocols were not in place for each medicine that people had been prescribed PRN 'as and when required'. We found that PRN protocols were missing for Hypromellose eye drops, Promethazine tablets, Glyceryl Trinitrate, Laxido and Co-codamol. This meant that there was no guidance for staff to detail when someone may need the medicine, how often it should be taken and what it should be taken for.

Medicines records showed that some people had pain relief (transdermal) patches prescribed. There was a

system in place to ensure that these were administered on to different areas of the body. However, this did not meet the frequency and guidance recommended by the manufacturer. The manufacturer recommends that these transdermal pain patches should not be applied to the same site for three to four weeks. People were therefore at increased risk of skin irritation from pain patches repeatedly administered to the same site.

The examples above evidences that medicines have not been managed safely. This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines administration records showed that people had received medicines as prescribed. The medicines trolleys and medicines storage areas were clean and well ordered. One person received covert medicines, records showed that this had been agreed by their GP as best practice for maintaining the person's health. Some people were insulin dependent diabetics. They required insulin injections several times each day. A selection of staff had undertaken training in order to administer this. The staff had undergone a competency check by a healthcare professional to ensure they were able to safely administer the injection. Procedures were in place for community nurses to administer the insulin injections when trained and qualified staff were not on shift.

People were protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that 34 out of 36 staff had completed training. One staff member was booked to undertake the training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Risk assessments were specific to each person, detailed and clear so that staff were aware of people's risk assessments and guidelines in place to support people with identified needs that could put them at risk, such as diabetes, falls and mobility. Risk assessments were regularly reviewed and updated in line with people's changing circumstances. This ensured staff had all the guidance they needed to help people to remain safe.

Accident and incidents were monitored carefully. All accidents were reviewed by the registered manager. A monthly report was put in place to aid the management team identify trends and learn from incidents. The nominated individual explained that they had made changes to the service in relation to accidents and incidents. They had introduced supper during the evening to test whether people were getting up because they were hungry or thirsty. This had reduced the number of falls in the evening and at night.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

There were suitable numbers of staff on shift to meet people's needs. A senior staff member was allocated

on each shift. The staffing rotas showed that there were plenty of staff. Staff told us that when additional staff were needed (such as when staff went off sick) that staff were offered extra shifts to help out. If no one was available cover the shift, agency staff were used. People's dependency levels were assessed and reviewed regularly. The provider used an electronic care planning system which recorded people's assessed needs and highlighted changes to these. The registered manager used this information to check that the staffing levels matched people's level of dependency. This was reviewed and checked regularly.

Infection control was well managed. The service was clean and smelt fresh throughout. The laundry was well managed, clean and dirty laundry was kept separated. The premises were generally well maintained and suitable for people's needs. Staff reported that any concerns in relation to the maintenance of the premises were addressed in a timely manner. A log of the repairs that needed to be carried out was maintained in each part of the home. This showed that when concerns had been identified steps were taken to remedy the issue.

Records relating to the maintenance of the premises showed that regular checks were made to ensure that the home was well maintained and safe. There were records to show that equipment and the premises received regular servicing, such as hoists, adjustable height beds, fire equipment, the boiler and electrical wiring and electrical items. The maintenance department were available to respond quickly in the event of an emergency. Since the last inspection, communal area of the home had been redecorated. Further plans were in place to upgrade the flooring in the home. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses.

Checks on fire equipment were made regularly. People had personal emergency evacuation plans in place that detailed how they should be supported in case of an emergency that meant the home needed to be evacuated. Fire drills were carried out regularly in accordance with the fire risk assessment. Staff knew how to use emergency equipment and detailed how they had practiced using this on each other. The registered manager had created an emergency pack which contained essential items that the staff would need if the home needed to be evacuated. This was situated in an easy to reach place along with emergency telephone numbers.

Is the service effective?

Our findings

At our last inspection on 26 April 2016, we identified breaches of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken steps to ensure that staff acted in accordance with the principles of the Mental Capacity Act (MCA) 2005. The provider had failed to provide staff with appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. The provider sent us an action plan which stated they would meet Regulation 11 immediately and Regulation 18 by mid July 2016.

At this inspection we found that the provider had made improvements to support and supervision of staff and was working in accordance to the Mental Capacity Act (MCA) 2005.

People told us they received effective care. People told us their healthcare needs were well met. Comments included, "GP's come in and we can talk to them. They are very good"; "I had lots of problems; my legs swelled and they sorted me out the same day. They are all well trained" and "The district nurse came in and removed a bag from my leg. They are very good with my diabetes; I need exercise and the right food. They give me sugar free cakes and puddings I enjoy my food. They are good and give me my insulin injections, they know when my sugar levels are high or low".

Relatives and visitors told us their family members and friends received effective care from well trained staff. Comments included, "I think everyone is well trained because they are so skilful in handling dementia patients. All the Carers [staff] are excellent" and "I like their set up for dementia. They are special staff who know their residents. They let them bring their own furniture. They ring me if any problems arise I have never regretted bringing him to Loose Court".

People were supported to maintain good health and have access to healthcare services. Care plans evidenced that referrals had been made to the relevant health care professionals as appropriate. People had seen their GP when required. Evidence was found in care records of advice and guidance being sought from a range of health professionals including GP's, mental health nurses, dieticians, opticians and occupational therapists. People had attended hospital when required. People's weights were consistently monitored. Health and social care professionals told us that staff were good at recognising and reporting when people's health changed. Comments included, "They are not frightened of telling us about people's health and have normally reported things to the practice" and "They are very good at skin care and put in place Prosheild etc."

Staff told us they had received training to support them to carry out their roles. Training records showed that 29 out of 36 staff had completed dementia training, 32 staff had 35 staff had completed fire training. Staff told us they had attended additional training relevant to people's needs such as training in relation to managing pressure areas, diabetes, death, dying and bereavement. The management team explained that training was ongoing; records showed that staff were booked to attended courses. Staff were supported to undertaken qualifications relevant to their role.

Staff had received supervision on a regularly basis. The registered manager maintained a supervision matrix to enable them to monitor when supervisions had taken place. Staff we spoke with had received supervision from their line manager. This meant all staff received effective support and supervision for them to carry out their roles. Staff told us they felt supported in their roles. Comments included, "[Registered manager] is excellent, I couldn't ask for better"; "[Registered manager is good at listening, you can talk with her about residents or personal matters" and "I feel well supported by the manager. The manager is one of the team, always on the floor with us".

Staff told us they had completed an induction which had involved a variety of training courses, the expectations of the organisation, policies and procedures and spent time reading peoples personal programmes of support and shadowing experienced staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team and staff we spoke with had a clear understanding of the Mental Capacity Act 2005 and DoLS. Staff explained how they help people to make choices and decisions in their lives such as choosing meals, clothes and footwear. Capacity assessments and best interests meeting records were in place for people that lacked capacity to make decisions, showing that relevant people had been involved in making decisions. The management team had a suitable system in place to monitor who had a DoLS in place and when they were due to expire. We observed staff encouraging people to make decisions throughout the inspection and respecting the person's decision when they made it. Staff recognised that people may change their mind or make a different decision at a later point.

Advanced care plan and do not attempt resuscitation (DNAR) decisions had been completed where required and there was evidence of people's relatives being involved and consulted with the process, where people lacked capacity to make their own decisions in this matter.

The risks to people from dehydration and malnutrition were assessed so they were supported to eat and drink enough to meet their needs. Records of allergies were kept in people's care plans. People who had been identified as at risk had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's general practitioner (GP), specialist nurses and dieticians. The cook was aware of people's specialist diets and additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. The cook was also aware of people's dietary requirements such as high calorie, diabetic and vegetarian diets. There was plenty of food in stock, people had access to snacks in between meals.

We carried out an observation during lunchtime. There was a calm and relaxed environment, people spent time chatting. People were offered a choice of meals. The food looked appetising and smelt good. Staff discreetly supported people who needed help with their meals. People enjoyed the food. One person told us, "The food is excellent and we have a good choice. The chef or kitchen staff comes to my room to find out about my choice, but lots of residents forget what they ordered". Another person said, "We have a wonderful roast at weekend and I have a glass of Sherry and I love their sherry trifle". A Relative told us, "The food is excellent, I come on a Sunday and have a roast dinner, staff always offer me a sandwich, cake and coffee if I'm here at tea time".

Is the service caring?

Our findings

People told us they were well cared for and treated with dignity and respect especially with personal care. Comments included, ""They really care. I lost my hearing aid and they are sorting it out"; "They let me make all my own decisions and I attend to all my own personal care"; "I can wash my face but they do the rest. They are very dignified" and "They treat me with care and respect when they hoist me into the bath. I enjoy my baths and they do my nails".

Relatives told us that the staff were kind and caring towards their family members. Comments included, "My husband is incontinent but I insist that to maintain his dignity that he has proper pants, not pads. They ring me if his supply is running out. They are very kind and compassionate and caring"; "I know they care. He is always well groomed"; "The staff are wonderful"; "I'd choose to come here if I needed care" and "The staff are caring and kind. All fantastic and very patient".

Staff were observed to be affectionate and reassuring to people when talking with them. Staff discreetly and carefully explained to people what was happening before supporting them to mobilise around the home. Staff showed patience when speaking with people who were living with dementia who were confused about their surroundings. Staff made time to listen, reassure and were kind and gentle. One person who was relatively new to living in the home required lots of reassurance. Staff gave constant reassurance about where the person was and what was happening next. The person each time thanked the staff and it was evident they were reassured.

People told us that staff generally respected their privacy. We observed staff knocking on people's room doors and obtaining consent before entering. Bathroom and bedroom doors were closed firmly whilst staff supported people with their personal care to ensure their privacy and dignity was maintained.

People's individual care records were stored in the office. Electronic records were accessible through a password. Staff files and other records not required on a day to day basis were securely locked in cabinets within the registered manager's office to ensure that they were only accessible to those authorised to view them.

Staff knew people well. Staff addressed people by their preferred names. Staff spoke about people in a way which showed they really cared. One staff member explained how they had built a special bond with one person as they had helped them bath and have cream applied every day for some time, they looked forward to their quality time together. All of the staff liked their jobs. They told us, "I like my colleagues and residents too. I am happy in my job"; "I am happy at Loose court, lovely people" and "I feel happy here".

People's bedrooms were decorated and furnished to their own tastes which included personal possessions and photographs of their families.

People and their relatives were involved in their care. A relative said, "They plan his care with me. I always talk to the manager about it every day". Another relative told us, "I discussed her Care Plan when she came

in. We talked about dental care. She is weighed every month" and "When she first came here she stayed in her room but now she wants to join in. That is progress for someone with dementia".

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when they had visitors. Other people chose to spend their time in the dining area or the garden when activities were taking place in the lounge area. One person chose to sit in the registered manager's office to have breakfast which they were supported to do. This showed that people's choices were respected by staff.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. People told us they were aware of how to access advocacy support. Advocacy information was on the notice board for people in the home.

People told us their relatives and other visitors were able to visit at any reasonable time. We observed visitors and relatives visiting people at different times during the inspection. Relatives told us they always felt welcome to visit. One relative told us, "The staff are very attentive to me and others".

People's religious needs were met. There were regular church services held at the home. One person told us, "They have a church service for those wishing to take part".

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. Comments included, "I don't ring my bell much, but when I do, they come quickly"; "They take me shopping once a week" and "I am never bored or lonely".

Relatives told us that there were plenty of activities to meet their family member's needs. One relative said, "She [Activities staff] is excellent. My mother is happier than I have ever seen her for a long time she likes to join in music, dance, exercise, pat a pet and bingo"

People told us about the activities that were on offer. One person said, "At Christmas they have special parties, with carol singers, a panto company perform and relatives can come"; "They celebrate all occasions like Easter, Mother's Day etc. In April they are getting some eggs from a farm which hopefully will hatch out the next day .They have arranged a boat trip which is especially equipped for the disabled".

We observed activities taking parts in the home during the inspection. People were involved in activities and others sat watching the activity. Some people chose to read newspapers, magazines or books and others were observed knitting. The hair dresser was present during the inspection and many people visited the small on site salon to have their hair done. Information about the activities planned and taking place were clearly on display in the home.

The activities schedules showed that outside entertainers visited the home to provide activities as well as activities which were coordinated by the activities staff. Music and singing activities were very popular with people. A live music event was advertised on the wall of the dining room for 31 March 2017. Activities schedules and posters showed that people had access to arts and crafts, pet therapy, ball games, bingo, church services, films, quizzes, skittles, dominoes, memories and reminiscence sessions, board games, knitting and coffee mornings. Activities staff told us that they try and spend one to one time with some people.

People were supported to go on trips outside of the home. Trips planned for the summer included taking people out on a boat trip and to the beach. People were also supported to go on local walks and trips to the shops.

People's care files contained detailed assessments of their care needs. Assessments had been carried out by the deputy manager or the registered manager prior to the person moving to the home. The assessments highlighted areas of need such as continence. Continence assessments highlighted where people had a catheter or used continence pads. People and relatives told us they had been involved in the care planning process.

Care documentation (where appropriate) included an advance care plan that included information about the wishes of the person at the end of their life. Care plans were regularly reviewed and this included input from relatives. People who were at the end of their life had been assessed and monitored by their GP

frequently. Where advice and guidance had been given, care plans had been rewritten and included updated medicines. Care plans were clear and detailed what people's needs were. They recorded tasks that people could do for themselves, such as choose own clothing and choose gender of staff to provide support. Once the care plans had been created the staff were able to see care tasks that each person needed. The staff could electronically report that tasks had been completed. Staff told us this enabled them to record at the time of providing care what help and care they had given.

The provider's complaints procedure was displayed in the home. People and their relatives knew who to complain to if they needed to. A relative told us, "I have never had an occasion to complain but I know how to. I would discuss it first with the person concerned and then the manager". There had been no formal complaints received. However the registered manager also recorded informal complaints to ensure that lessons were learned and small issues did not escalate into formal complaints. We reviewed the complaints records and saw informal complaints had been responded to in a timely and efficient manner. One relative had made a complaint about the curtains in their family member's room. The registered manager ordered new curtains and these were replaced two days later.

People told us they were listened to. Regular meetings were held where people could make suggestions about activities and provide feedback about the home and the care they received. Meeting records showed that they had been listened to. For example at the January meeting people were asked if they wanted to take part in the living eggs scheme where live eggs were given to the home to look after and hatch. The meeting records detailed that those attending thought it was a good idea. Activities information showed this had been taken forward and arranged for April 2017. One person told us about the meetings, "We discussed the redecoration and upgrading to more en-suite rooms. They [staff] explained the DOL's application forms and the implications". The registered manager had just held a relatives meeting, they planned to hold these regularly as the meeting had been well attended. This gave relatives information about the home and enabled them to provide feedback.

People and their relatives could also provide feedback about the care through completion of an annual survey. The last survey had been completed in May 2016. There had been 29 completed relatives surveys received, all with positive feedback. The results of the last one had been published on the wall of the entrance hall.

The home had received five recommendations on www.carehome.co.uk within the last 12 months. One positive comment stated, 'My Mum has been at Loose Court for just over two years. I am extremely happy with all aspects of the home and I know my mum is well cared for and treated with respect and dignity at all times'. A visiting nurse told us, "I would happily put my mum and dad here [if they needed care]". Compliment cards had also been received. One card read, 'To all the staff. Thank you for the excellent care and love during [person's] stay with you especially the end of life care'.

Is the service well-led?

Our findings

At our last inspection on 26 April 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate an effective quality assurance system and failed to maintain accurate records. The provider sent us an action plan which stated they would meet Regulation 17 immediately.

At this inspection we found that the provider had made improvements to quality assurance systems, monitoring and record keeping.

People told us that the service was well run. Comments included, "They really work as a team. I think they like each other"; "I know the manager is a nice person. She knows everyone by name and moves among the all the time. She is very hands on" and "She knows I don't join in activities but is happy to let me make my own mind up".

Relatives told us that they had confidence in the management team. Comments included, "The manager is very approachable I talk to her on every visit"; "You can tell the team work well together especially at lunch. They organise taking residents to the toilet and then to the dining room very efficiently" and "Since [registered manager] has been here it has changed for the better, they have done redecoration".

At this inspection we found, people's information was treated confidentially, they were accurate and complete.

Audit systems were in place. The management team had carried out regular audits of the service. There had been monthly audits of medicines, incidents, care plans, infection control, safety, care and welfare, food and hydration as well as quality. Audits were also undertaken by the nominated individual and by the quality team for the provider identified areas where improvements were required. Timely action had been taken to address the concerns.

The maintenance staff member carried out daily checks of the service to check that fire escapes are not blocked and that everything is in good working order. They carry out a number of health and safety checks of the home in relation to equipment, fittings and the general environment.

The provider had a clear set of vision and values. They pride themselves in 'providing comfortable homely home with excellent standards of care'. Our observations showed us that these values had been successfully cascaded to the staff who worked in the home. Staff demonstrated these values by meeting people's needs based on their assessed needs.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team.

Staff told us they had lots of support from the management team. Staff said, "The manager is good" and "I

am well supported by the manager. The manager is one of the team". Staff told us they felt confident to report any concerns to the management team. Staff told us that they were aware of the home's whistleblowing policy. Staff felt confident to use this policy. Staff reported that communication was good within the home and meetings were regularly held so they could discuss concerns. Staff told us they felt supported, valued and listened to by the management team.

It was clear from records and from talking with the nominated individual for the provider that they spent time in the home. They knew people and staff well. Their audits showed that they spent time talking with people during their visits and checking that people were happy. The nominated individual for the provider had great confidence in the registered manager. They said "[registered manager] is very dedicated and a very good manager". They explained that the registered manager had taken on additional work to implement the 'Gold Standards Framework'. This framework is to ensure that people at the end of their life receive a gold standard service.

The management team was present in the home daily. Staff confirmed that the registered manager and deputy manager helped them out when help was required. We observed that when we first arrived the registered manager was working in the kitchen to serve breakfasts as a member of kitchen staff had gone off sick.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, Deprivation of Liberty Safeguards (DoLS) authorisations, safeguarding and any deaths. The rating from the last inspection was clearly on display for people, relatives and visitors to view. This meant that they were being open and transparent about the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines had not always been effectively managed, administered or stored. Regulation 12 (1)(2)(g)