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Lyles House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 1 March 2017.

Lyles House is a care home that provides accommodation and personal care for up to 20 people. There were 20 people living in the home on the day of the inspection, some of whom were living with dementia.

The home did not require a registered manager as the provider is an individual.

During this inspection, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. This breach occurred because the provider had not always assessed and managed risks to people's safety appropriately. These risks were in relation to adequate protection from burns or scalds, being safe to leave the home unaccompanied and fire safety at night. You can see what action we have told the provider to take at the back of this report. Immediately after the inspection visit, the provider took some action to reduce the identified risks to protect people from the risk of harm.

Systems were in place to protect people from the risk of abuse, and the staff had received sufficient training and supervision to provide people with good effective care. People received their medicines when they needed them and there were enough staff on the day of the inspection visit to support them when required and to meet people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Consent was sought from people before a task was undertaken. Where people lacked capacity to make their own decisions about their care, consent had been obtained in line with the relevant legislation.

People received enough food and drink to meet their individual needs and they were supported to maintain their health.

The staff were kind, caring and compassionate and knew the people they supported well. They listened to people, quickly dealt with any concerns they raised and treated them with dignity and respect.

People's individual wants and needs had been assessed and the staff were meeting these. People were treated as individuals and were encouraged to be as independent as they could be and to participate in activities that were meaningful to them. This enhanced their well-being.

The provider had instilled an open culture within the home where people, their relatives and staff were listened to and their opinions respected. The staff received good direction and leadership and understood their individual roles and responsibilities. The provider was passionate about providing people with care that enhanced their wellbeing and this passion was also demonstrated by the staff team.

People and staff were involved in the running of the home. Their suggestions for improvement were listened to and where possible, implemented. Some systems that were in place were effective at monitoring and improving the quality of care people received. However, not all systems were effective at identifying and managing risks to people's safety.

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.

Some risks to people's safety had not been assessed or managed effectively placing them at risk of harm.

Systems were in place to protect people from the risk of abuse.

There were enough staff to meet people's needs during the inspection visit.

People received their medicines as intended by the person who had prescribed them.

Is the service effective?

Good

The service was effective.

Staff had received enough training and supervision to enable them to provide people with effective care.

People's consent to their care had been sought in line with the relevant legislation.

People were supported to maintain their healthcare and they received enough to eat and drink to meet their needs.

The provider agreed to make some improvements to the environment to assist people living with dementia.

Is the service caring?

Good

The service was caring.

The staff were kind, caring and compassionate and treated people with dignity and respect.

People were involved in making decisions about their care and the staff respected these.

The staff encouraged people to be as independent as they could be.

Is the service responsive?

Good

The service was responsive.

People received care based on their individual needs and preferences.

The staff supported people to participate in activities that were of interest to people. This provided them with stimulation and enhanced their wellbeing.

Systems were in place to encourage people to feedback concerns about their care. Any concerns raised had been fully investigated.

Is the service well-led?

Requires Improvement

The home was not consistently well-led.

There was an open culture in the home where people and staff could voice concerns if they needed to. The staff understood their roles and responsibilities and were provided with direction and guidance.

People and staff were involved in the running of the home and the quality of care provided.

Not all of the systems in place to assess and mitigate risks to people's safety were effective.

Lyles House

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 home under the Care Act 2014.

This inspection took place on 1 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 or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed other information that we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority quality assurance team.

During the inspection visit we spoke with eight people living at the home and five visiting relatives or friends. We also spoke with three care staff, the cook and the provider. We also spoke with a visiting healthcare professional.

The records we looked at included five people's care records, people's medicine records and other records relating to people's care, two staff recruitment files and staff training records. We also looked at records relating to how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

The provider had not always assessed risks to people's safety and risks in relation to the safety of the premises had not always been managed effectively. This placed some people at risk of harm.

When we arrived at the home we were able to access it freely as the front door was unlocked. Although we rang the bell twice, no staff came to see who was at the door. During this period we were able to access an area of the home which was near to some people's rooms. We had to find a member of staff to alert them that we were in the building. We spoke with the provider about this who was not on the premises when we arrived. They told us the door was unlocked so people could come and go as they pleased but said that staff monitored this. However, there were no staff in the vicinity when we arrived. This meant the home had not been secure which placed people and their belongings at risk from intruders.

The staff told us that some people living in the home would be unsafe if they went outside unaccompanied. This was because they lacked capacity to understand where they were or how to get back to the home on their own. A friend of one person we spoke with confirmed this to be the case for their friend. As the front door had been unlocked with no staff in the vicinity when we arrived, we were concerned about this. The provider told us they had assessed this risk. They said they felt the risk was low because the people who lacked capacity had never tried to leave the home and that the staff monitored them closely. This included regularly monitoring the entrance to the home. However, we found the entrance was not being monitored when we arrived. We looked at the risk assessment in relation to this issue. This was dated February 2016. It had not been reviewed since that date, although people who lacked capacity to be safe outside on their own had recently moved into the home. Therefore, this risk was not being adequately managed.

During our walk around the home, we found that some radiators within the communal areas were very hot to touch. The staff confirmed that some people in the home were at risk of falls and their care records confirmed this. We asked the provider for a copy of their risk assessment in relation to burns and scalds from radiators as we deemed this to be a risk to people's safety. They told us they had conducted an assessment but were unable to locate it. They said they did not feel that the radiators were a risk to people's safety as no one had fallen near a radiator. They had not assessed this risk in relation to the radiators within people's rooms to ensure they were safe.

Within a bathroom upstairs there was an unlocked cupboard. In this cupboard was a hot water tank and exposed copper water pipes. These were very hot to the touch. This was a communal bathroom for people to use whose rooms were on that floor. We were aware that one person on this floor may lack capacity to understand the risk posed by the unlocked cupboard. We saw this person go into this bathroom unaccompanied. We also saw that the lino was split, torn and slightly raised within the bathroom which posed a trip hazard to people.

One staff member was on shift at night from the hours of 9.30pm to 7.30am. The provider told us they had assessed this risk and did not feel this was a risk to people's safety. They said this was because most people living in the home had good mobility and that the on-call staff lived five minutes away so could arrive quickly

in the event of an emergency. However, we were concerned that one staff member would not be able to deal with a fire situation effectively on their own. We were also concerned that the provider had contradictory information in place regarding what action needed to be taken in the event of the fire alarm sounding. The provider explained the procedure to us and said that the fire training they had received had trained them not to evacuate people. This was due to the fire protection systems in the home such as fire doors which reduced the risk of people coming to harm. However, their fire risk assessment and policy contradicted this, stating that people needed to be evacuated away from the source of a fire. We were aware that two people living in the home were permanently in bed. The provider had completed a personal evacuation plan for these people detailing what assistance they would need in the event of a fire. This stated these people would need more than one staff member to assist them to evacuate their room safely. We were therefore concerned that the risk of having one staff member on at night had not been adequately assessed. We therefore referred our concerns to the fire service.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Since the inspection visit, the provider has confirmed that they have taken action in relation to some of our concerns. This includes reviewing their risks in relation to the unlocked door and placing a lock on the cupboard door in the toilet. They confirmed they had taped down the torn lino and taken action to reduce the risk of people experiencing burns from very hot radiators.

All of the people we spoke with told us they felt safe living in the home. The relatives and visiting friends we spoke with agreed with this. One person told us, "Yes I do feel safe. They look after me." Another person said, "Oh yes I am safe enough. I have no fault to find." A relative told us, "Oh yes. My [other family member] and I are very happy. The staff are always around. Safety is great." Another relative told us how they felt their family member was safer in the home then when they had lived in their own property. This was because they had experienced a number of falls previously but not since they had moved into the home.

Staff had received training in safeguarding adults and knew how to protect people from the risk of abuse. They were able to demonstrate they understood what abuse was and the different forms it could take. They were clear on the correct reporting procedures if they suspected that any abuse had taken place. This included who to report concerns to outside of the home if this was needed.

The staff were clear about how to reduce risks to people's individual safety in respect of falls, developing a pressure ulcer and not eating and drinking enough. One staff member told us how they always made sure one person had their frame near them when they walked and we observed this to be the case. Another staff member said they ensured another person used a specialist cushion when they were sitting on a chair. Some of the relatives we spoke with told us how measures had been put in place to reduce the risk of their family member falling. One relative told us, "[Family member] fell out of bed here. They were using cot sides but [family member] managed somehow to fall out of bed. They [staff] have fixed a heftier side to the bed now, so there should not be any more problems." A visiting healthcare professional told us the staff managed the risk of people developing a pressure ulcer very well and that their instructions to support staff with this were always followed.

We saw that the emergency exits were well sign posted and kept clear to aid an evacuation from the building should it be required. The staff we spoke with confirmed that testing of the fire alarm had taken place to make sure it worked correctly. Lifting equipment used to assist people to move such as bath hoists and chair lifts had been regularly serviced to make sure they were safe to use.

After the inspection visit, we were contacted by the local environmental health team who told us they had

recently inspected the home in relation to food safety. They said they found this to be managed extremely well and were going to award the home the maximum score for food safety.

Six of the seven people we spoke with about staffing levels told us they felt there were enough to meet their needs. One person told us, "Oh yes, day and night. The girls have lots to do but they always have time for you." Another person said, "I am looked after well. When I ring the bell they come. At night [staff name] comes and checks on me." We received mixed views from the four relatives and friends we spoke with about this subject. Two felt there were enough staff whilst two others felt the staff were always very busy. One relative told us, "Yes I think so. [Family member] gets the help they need." However, another relative said, "The staff do have busy times. They could probably do with an extra pair of hands" but they did not say this adversely affected their family member's care.

All of the staff we spoke with told us there were enough of them to keep people safe and to meet their needs. They said they had time to spend with people. The staffing levels in the home during the day were two care staff with the provider and deputy manager also on shift. At night there was one staff member working. The provider said this was enough to meet people's needs however; we were concerned that at night, if two people required assistance then this may compromise the staff's ability to provide them with timely care.

We observed that there were enough staff on shift to meet people's needs and to keep them safe on the day of the inspection visit. The provider told us they calculated the number of staff required to work within the home by using observation and feedback from people. They did not use a formal tool to help them assess how many staff were required based on people's individual needs. Having such a system in place would ensure the correct number of staff were working on each shift. Any unplanned absences such as sickness were covered by existing staff, the provider or deputy manager.

The required checks had been completed when recruiting new staff to the home. We checked the records of the last two staff who had been employed by the provider. We saw that the provider had checked with the Disclosure and Barring Service that the staff members were deemed safe to work with people living in the home and had obtained references about their character. We did find for one member of staff, that it had not been recorded in their file why there was a gap in their employment history. We discussed this with the provider who was able to tell us why this occurred. They agreed to document this in the staff member's file so they had a record of this. These measures all reduced the risk of employing staff who were unsuitable to work within care.

People told us they received their medicines when they needed them. One person told us, "Yes they give me two tablets with my tea. No problems at all." Another person said, "Oh yes that is all sorted. I had to have antibiotics recently that was all okay." A relative told us, "No problems with [family member's] medication. They [staff] stay to make sure [family member] takes them."

People's medicine records indicated that they had received their medicines as intended by the person who had prescribed them. The staff we spoke with told us they had been trained in how to give people their medicines and that their competency to do this safely had been regularly assessed.

Most medicines were kept securely for the safety of people living within the home. However, we did find that two people had prescribed creams in their rooms. We spoke with the provider about this. They told us they had assessed whether this was a risk to people's safety and had concluded that it was not. However, they had not documented this within these people's care records and agreed to do this.

We observed some medicines being given to people. The staff member ensured they were giving the medicines to the correct person and used good practice when administering them. People were regularly asked if they wanted any pain medication for their comfort.

There was supporting information available to guide staff on how to give people their medicines safely. Where people had medicines that were PRN (given as and when required), there was guidance to advise staff under what circumstances to give the person this medicine. A picture of the person was in place so staff could ensure they were giving the medicine to the correct person and any allergies they had were noted on their records.

Good

Is the service effective?

Our findings

During our last inspection in June 2016, we found improvements were required to ensure that consent had always been obtained from people in line with the relevant legislation. At this inspection we found that the relevant improvements had been made.

All of the people and relatives/friends we spoke with agreed that consent was sought by the staff before they provided any care. One person told us, "Oh yes (they ask for consent). They help me with my bath. I'm thoroughly spoilt." Another person said, "Of course I feel respected. The staff are very good." A relative told us, "Yes, the staff are very respectful. My [other family member] and I are pleased with the way they behave with [family member]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

The staff were aware of the importance of asking people for their consent before performing a task and of offering people choice. They had received training in the MCA and DoLS and all had a good knowledge of how to apply the principles of the MCA to their daily practice. During the inspection we observed staff asking people for their consent and supporting people to make decisions.

There was information in people's care records about some decisions they could make for themselves and for those they required support with, such as, what clothes they liked to wear. Where there was doubt a person had the capacity to consent to a certain decision about their care, an assessment had sometimes taken place. For example one person had a pressure mat by their bed to protect them from the risk of falls. They had been assessed as not being able to consent to this decision and therefore, the decision had been made in their best interests in conjunction with their family. However, information in relation to whether people had capacity to be safe outside of the home on their own or have unsecured medicines in their room had not been assessed. We spoke to the provider about this who agreed to ensure this information was in people's care records to provide staff with the appropriate guidance.

The provider had a good awareness of DoLS and told us they kept this under review. They said they had not made any applications to the local authority as they felt they were not depriving anyone of their liberty. We did not observe anyone being deprived of their liberty on the day of the inspection.

The people, their relatives and friends we spoke with told us they felt the staff had received sufficient training to provide them, or their family member, with the care they needed. One person told us, "Absolutely, yes. Believe me someone would tell them if not." Another person said, "Oh yes. They help me at various times to wash and dress. They help me with my hearing aid and to do my hair too." A relative told us, "Oh yes, the staff are very good. No problems. They are very good with [family member]."

All of the staff said they had received sufficient training to enable them to provide people with effective care. The core training that staff had received included but was not limited to: assisting people to move safely; dementia; infection control; food hygiene and safeguarding adults from the risk of abuse. Staff told us they received face to face training in relation to these subjects and that they found this method of learning useful. The staff told us they received regular supervision from the senior staff, deputy manager and provider. This included formal supervision meetings and checks of their competency on a daily basis. The staff told us the provider and deputy manager were always in the home to offer support and guidance if needed.

New staff had a comprehensive induction training programme that they attended. This included shadowing more experienced staff until they were confident to provide care to people independently. Records showed that during a new staff member's training period, their competency to perform their role had been regularly assessed and reviewed by a more experienced member of staff, to ensure the care they provided was safe and effective.

All of the people we spoke with told us they received enough to eat and drink to meet their needs and that they enjoyed the food. One person said, "The food's very good. I eat everything. We get biscuits with our drinks in the morning and the afternoon." Another person said, "I am quite happy with the food. We get coffee in the morning and tea in the afternoon with biscuits." A relative told us, "The food is okay. [Family member] gets enough. There is always tea, squash or water being offered around."

People told us there was no choice of main meal at lunchtime but that this was not an issue for them as an alternative would be made if they did not like the meal on offer. The cook confirmed this to us. One person told us, "No I do not know what is for lunch today but it will be okay." Another person said, "I have my breakfast in my room. It is cereal. The food is okay. I have my lunch and tea in here [dining room]. I am sure you could ask for something different if you wanted." A further person said, "It is [food] is very good. There is no choice of main but if you did not want what is on you can have an omelette and chips. There is enough to eat."

All of the staff we spoke with told us they were able to offer adequate support to people to eat and drink sufficient amounts to meet their individual needs. They knew people's food and drink likes and dislikes and were knowledgeable about how to recognise if someone was not drinking enough. When this happened, they told us they took action to increase people's fluid intake. We observed this being discussed during a staff handover meeting.

People who were at risk of not eating or drinking enough were regularly monitored. Snacks were provided to help people put on weight and their food was being fortified with extra calories. Referrals had been made to specialist healthcare professionals when needed such as a dietician or speech and language therapist. The cook told us the communication about people's individual dietary requirements was good so they could prepare the food that people needed and required. We observed that people who required a specialist diet received this. For example, people who were at risk of choking received a soft diet.

All of the people we spoke with and visiting relatives and friends told us that staff were supportive in helping people maintain their health. One person told us, "The doctor does come, yes and I see the nurse regularly."

Another person said, "You just have to tell [provider] or [deputy manager] and they will call the GP." People also told us they saw the dentist and chiropodist when they needed.

All of the staff we spoke with understood the importance of supporting people with their individual healthcare needs. Records showed that various healthcare professionals such as the GP, district nurses, speech and language therapists and occupational therapists had been utilised when needed. We were therefore satisfied that the staff supported people to maintain their health.

During our walk around the home we saw one person found it difficult to orientate themselves back to their room. They were unsure where they were and which room was theirs. The person eventually went into one room and confirmed that it was theirs. We saw that the doors to people's rooms all looked the same with only their number on it. The communal toilets had signs on them and we saw this person easily found the toilet. We spoke to the provider about what we had seen. They agreed to review this and since our visit, they have told us they are putting peoples' names on their doors to help them find their way back to their rooms. We also noticed that the carpets within the communal areas of the home were patterned. Having such patterns can cause confusion and be disorientating for people living with dementia. The provider told us they were aware of this and were continually reviewing the environment to ensure it was appropriate for the people living in the home.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with told us the staff were kind and caring and that they listened to them and knew them well. One person told us, "The staff are kind and caring. They are nice people. I think they know me by now. They listen to you and I can talk to them, yes I can." Another person said, "Ooh describe the staff you say? They are good. Well trained and very caring. Of course they know me by now. There are many of the same staff still here from when I came in." A further person told us, "Friendly, cheerful, kind, caring . Very good [staff]. I can talk to them." A relative told us, "Friendly, nice people and caring. Sometimes busy, but residents are important here and not rushed. They are getting to know [family member]. The manager, [first name] is very good. I feel my visits are appreciated by the staff."

All of the staff we spoke demonstrated they knew the people they supported very well. They understood their personalities and how they wanted to be cared for. It was clear during our conversations with staff that they cared very much for the people who lived in the home. People's life history had been explored with them when they had moved into the home. The staff told us they were aware of this and that this helped them strike up meaningful conversations and build relationships with people. Also, the provider operated a key worker system. This meant that a particular member of staff was responsible for ensuring certain people received the care they required and that their care records were in good order. We saw from the provider's survey of staff that they liked this system. They rotated who they were a key worker for to enable them to get to know each person living in the home well.

During the inspection, we observed a number of good examples of staff treating people with kindness and respect. This included all staff working in the home from care to domestic staff. Each staff member we viewed took time to speak with people, interact with them and comfort them when necessary. Those people who needed support to stand and walk were kindly and carefully helped by staff to move around the home.

The home had a very nice homely feel to it. A number of people we spoke with described it as being 'homely'. Others described it as a 'big happy family.' People had personalised their own rooms with furniture and items that were special and important to them.

People, and their family if appropriate, had been involved in making decisions about the care that was received. Before people moved into the home, they were able to visit and spend time with the other people living there and the staff, to see if they liked the home. They, and their family member where appropriate, had then been asked for their opinion on what care they needed and how they wanted it to be provided. On-going reviews of people's care needs had taken place that involved them and their family member if necessary. People told us they had choice and could make decisions about their care and live their life how they wanted to. One person told us, "Oh yes, I pretty much please myself. I have my breakfast in my room and lunch and tea in the dining room. We play games in here [dining room] in the afternoon if we want to. Like I say, I have no faults." Another person said, "I can go to my room or spend time in the lounge. I have my meals in the dining room with other people. Yes I can make decisions." A relative said, "I was there when [family member's] care plan was sorted out." They added that they and their family member were involved in deciding the care they wanted to receive.

The staff we spoke with demonstrated they understood the importance of offering people choice and supporting them to make decisions for themselves. We observed staff offering people choice throughout the inspection visit. This included whether people wanted to be in their own rooms or within a communal area, what food and drink they wanted to receive and whether they wanted to join in with activities.

All of the people, their relatives and friends that we spoke with told us they or their family member was treated with dignity and respect and that their independence was encouraged. One person told us, "Yes most certainly they do [respect me]. I am encouraged to make my own bed and look after myself." Another person said, "I am with the way things are. Yes, I am respected. When they wash me, they cover me up." A further person told us, "Yes I feel respected. I am quite happy. The staff encourage me to walk with my frame though it can be difficult. They [staff] keep me going."

Other people also told us they were encouraged to do things for themselves such as monitoring their own blood sugar levels. One person told us how the staff encouraged them to walk more often. This helped them walk better and therefore remain more independent, which was important to them. They said, "I am practising walking to the front door to build up the strength in my legs. The staff encourage me to do this." A relative told us, "The staff show [family member] great respect. They try to help [family member] to maintain some independence." A healthcare professional we spoke with told us they had also witnessed staff encouraging people's independence and helping them to walk frequently.

The staff were observed to be polite and respectful at all times. They were mindful about people's dignity and privacy. When staff spoke with people about personal care, this was done discreetly and quietly. The staff told us they felt a key achievement of the care they provided was how they helped people to remain as independent as possible. They said they did this by encouraging people to be as mobile as they could be. They said they often had time to walk with people and help them improve their mobility and we observed them helping people walk around the home. One staff member told us how they had got a person a teapot so they could continue to make their own tea in their room as they did at home.

People were supported to maintain any spiritual or cultural needs that were important to them. One person told us, "Oh yes. The vicar from the local church comes in once a month and does a service and communion." Another said, "The vicar comes in on a Wednesday once a month from the local church. [Vicar] comes in and sees me to have a chat." A relative told us, "[Family member] has communion when the priest comes. [Family member's] religion is important to them."

Good

Is the service responsive?

Our findings

All of the people, relatives and friends we spoke with told us they or their family member received care that met their individual needs and preferences. One person told us, "They help me to bath and I get up when I want and go to bed when I want. I am treated very well." Another person said, "I like to get into bed about 9.45pm and [staff's first name] helps me to get organised. [Staff's first name] is very good. They do what I need here." A relative said, "The staff look after [family member] in the way we thought they would. We [other family member and I] visit regularly. We're pleased with [family members] care."

People also told us they were supported to take part in activities that were of interest to them or that complemented their hobbies and interests and that their quality of life was good. The relatives and friends we spoke with agreed with this. One person told us, "My quality of life is good. We play a game of some sort. The best exercise game is exercise bingo; you know where you wave your arms up and down. We played the life history game the other day where we had to think back to what we were doing years ago and tell everyone about it. Made us laugh a lot." Another person said, "My quality of life has improved since being in here. I like being with everyone and the staff are very good." One relative told us how their family member's quality of life had improved since they had moved into the home. They said before they had been frail and anxious about everything but now they were calm and happy. They told us that due to this, they had taken up the hobby of knitting again which they had not done very much at home due to feeling anxious. Another relative said, "[Family member] is so much better now they are in here."

All of the staff we spoke with told us they had time to provide care to people that met their individual needs and preferences. Staff had a good understanding of what person-centred care was. Staff were able to tell us about people's individual likes and dislikes and how they wanted to receive their care. We observed staff being responsive to people's needs and requests throughout the inspection visit. People's requests for assistance with personal care, or with food and drinks were quickly met. The staff told us they had time to support people to take part in activities that interested them. They also said they were able to take some people to the local pub for a meal or on outings that people requested. Outside entertainers also visited the home to provide people with stimulation. There was a garden for people to access when they wanted to. This was well kept and people told us they enjoyed sitting in the garden in good weather.

People's care needs had been assessed before moving into the home. This was to ensure the staff could meet these needs. People's preferences had also been assessed such as what they liked to eat and drink and what they liked to do during the day. We noted that the home did not employ any male carers but had some male residents. The provider assured us they had asked these people, prior to them moving into the home, whether they were happy with receiving support from female carers. When asked, these people told us this was not a concern for them.

Care plans were in place to guide staff on how the person wanted to receive their care. This information was brief but staff told us it provided them with sufficient guidance to provide the care to people that they needed. People's care records we looked at had been reviewed regularly to ensure they reflected people's current needs.

People told us their relatives and friends visited them regularly. The relatives and friends we spoke with said they were encouraged to visit often and always felt welcome. One person told us, "I have lots of visitors. Not as many as I used to, but a lot of people still come and see me." Another person said, "I spend time with my family and friends." A friend said, "[Friend] is happy here and us visitors can come when we want to."

The staff told us they were aware of the risk of people being socially isolated. To help reduce this staff encouraged friends and family to visit and encouraged people to come out of their rooms and socialise. if they wanted to. If people were unable to do this or did not wish to, the staff said they were able to spend time with them in their own rooms to chat or reminisce.

The people we spoke with said they did not have any complaints but that if they did, they knew how to complain. The relatives and friends agreed with this. One person told us, "If I was bothered I would talk to the manager." Another person said, "I have no complaints." People were encouraged to raise any complaints and concerns. They told us the staff, provider and deputy manager asked them daily if they had any concerns or if they needed anything.

No formal complaints had been made. However, the provider told us there was a process in place to investigate and deal with complaints should they arise.

Requires Improvement

Is the service well-led?

Our findings

The provider conducted regular audits to monitor the quality of care provided. These were in areas such as medicines management, infection control and fire safety. We saw these were effective and that action was taken when any shortfalls had been identified. They also monitored the completion of staff training to ensure their skills and knowledge was up to date so they could provide people with effective care. There was a system in place to ensure that the staff's care practice was regularly assessed to ensure it was safe and that staff received supervision. The provider also regularly analysed accidents and incidents and actions had been taken to reduce the risk of the incident or accident happening again. For example, we saw that one person had fallen out of bed and therefore, specialist equipment had been put in place in an attempt to reduce this from happening again.

However, we found that the provider had not always adequately assessed and managed some risks to people's safety or the safety of the environment. These included risks in relation to people leaving the building unaccompanied, when it may be unsafe for them, and risks in relation to burns and scolds. These had not been identified during the checks made by the provider in relation to the safety of the environment. Improvements are therefore required within this area.

The provider had run the home for a number of years and the majority of staff had worked there for a long time. This provided the home with stability and provided people with consistency of care. It was clear that the provider and staff were passionate about providing people with care that was fair and that enhanced their wellbeing and independence. The provider had won an award in 2016 for being in the top 20 care homes in the East of England to receive positive comments about the care being provided.

All of the people we spoke with and their relatives or friends were happy with the care being provided and they all said they would recommend the home to others. One person told us, "Oh yes I am happy, I have no fault. Yes, I would recommend this place." Another person said, "Happy, oh yes. It is consistently good here. The staff are very good. They look after us. They are normal people who care about us." A further person told us, "Oh yes I am very happy. I have improved so much since I came in here. We are well looked after. We were recommended to the home and would do the same." A relative said, "[Family member] is safe and settled, so the family are happy. We were recommended and would happily recommend to others." Another relative said, "My [other family member] and I are happy with the home. We would definitely recommend it, no hesitation."

There was an open culture within the home. The people we spoke with and their relatives consistently told us they felt listened to and could approach the staff, provider or deputy manager at any time of day or night. They also knew who the deputy manager and provider were if they wanted to speak with them directly and felt that the home was run well. One person told us whilst pointing out the provider, "Of course there is the owner [provider]. [Provider] chats, we see one or both of them most days. I think the home is managed well." Another person said, "Yes I know the manager and the owner well. They are always in and out. This place is run well." A relative told us, "The home is managed well. [Provider] and [deputy manager] are very good and respond well."

All of the staff we spoke with were happy working within the home. They said they all worked well as a team to provide people with care and support. They said they received good leadership and direction. They felt valued and felt that they could raise any concerns without hesitation. During the inspection visit, we regularly saw the provider within the home, talking to staff, the people living there and their visitors. They also provided staff with clear guidance and leadership. Staff said they had regular meetings where they could raise concerns or discuss ideas for improving the quality of care people received. One staff member told us how they had suggested more activities and that this had been listened to and implemented. They were also involved in making decisions about who would come and live in the home. The provider told us this was discussed with staff prior to new people moving in to ensure staff were happy they could meet the person's needs.

The provider looked for ways to continually improve the quality of care people received. One way they did this was through obtaining feedback from people, their relatives, staff and community professionals in the form of an annual survey. Overwhelmingly all were happy with the quality of care provided. Eleven community professionals had responded and all felt the level of care was very good.

People were involved in the running of the home. The provider told us that people assisted to choose the décor in the communal areas of the home. They were also involved in the recruitment of new staff. During this process, any potential staff member spent some time with people talking to them. Following this, the provider told us they asked for people's opinion on the staff member and took this into account when making a decision whether to employ them.

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 Not all risks to people's safety had been adequately assessed. Actions had not always been taken to mitigate some risks to people's safety.