Care UK Community Partnerships Ltd

The Burroughs

Inspection report

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22 April 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 19 April and the 22 April 2016 and was unannounced.

The last inspection took place on 22 September 2015 when we found breaches of four Regulations relating to the safe care and treatment of people, the deployment of staff, consent to care and treatment and good governance. At the inspection of April 2016 we found these breaches had been addressed and all Regulations were being met.

The Burroughs is a residential home providing personal care for up to 75 older people. Some people were living with dementia. The home is managed by Care UK, a national organisation. At the time of our inspection 62 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe at the service.

There were enough staff on duty to meet people's needs and keep them safe.

The provider had appropriate systems and procedures to safeguard people.

The risks to people's wellbeing and safety had been assessed and there were plans for staff to help keep people safe.

The environment was appropriately maintained and safe.

People had the help they needed to take their medicines.

The provider asked people to consent to their care plan and other aspects of their care.

People were cared for by staff who were well trained and supported.

The staff gave people the support they needed to meet their nutritional needs.

People were given the support they needed to stay healthy.

The staff were kind, polite and caring.

People's privacy was respected.

People's care needs had been assessed and planned for. People received care which met their individual needs.

There were a range of organised activities which met people's needs.

There was an appropriate complaints procedure and the people felt able to make complaints or raise concerns.

The service was appropriately managed and people found the manager professional and approachable. There was a positive culture and people felt the service was well run.

Records were accurate up to date and clear.

There were systems of audits and quality checks to make sure people were receiving a good service which met their needs.

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.

People told us they felt safe at the service

There were enough staff on duty to meet people's needs and keep them safe.

People were protected because the provider had systems and procedures to safeguard them.

The risks to people's wellbeing and safety had been assessed and there were plans for staff to help keep people safe.

People lived in an environment which was appropriately maintained and safe.

People told us they had the help they needed to take their medicines.

Is the service effective?

Good

The service was effective.

People had been asked to view and consent to their care plan and other aspects of their care.

People were cared for by staff who were well trained and supported.

People were given the support they needed to meet their nutritional needs.

People were given the support they needed to stay healthy.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind, polite and caring.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's care needs had been assessed and planned for. People received care which met their individual needs.

There were a range of organised activities which met people's needs.

There was an appropriate complaints procedure and the people felt able to make complaints or raise concerns.

Is the service well-led?

Good

The service was well-led.

The service was appropriately managed and people found the manager professional and approachable. There was a positive culture and people felt the service was well run.

Records were accurate up to date and clear.

There were systems of audits and quality checks to make sure people were receiving a good service which met their needs.

The Burroughs

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 over two days, the 19 and 22 April 2016 and was unannounced.

The visit on the 19 April 2016 was conducted by two inspectors, a specialist advisor and an expert-by-experience. The specialist advisor at this inspection was an occupational therapist who managed a multidisciplinary team caring for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for an older relative.

The visit on 22 April 2016 was conducted by a pharmacy inspector who looked at the ways in which medicines were managed at the service.

Before the inspection visit we looked at all the information we held about the service. This included the provider's action plan following the last inspection, information we had received from members of the public and notifications from the provider of significant events and safeguarding alerts.

During the inspection visit we spoke with 11 people who lived at the service, seven family and friends who were visiting the home, one visiting health care professional, the registered manager, deputy manager and other staff on duty who included senior care assistants, care assistants, an activities coordinator, catering and domestic staff. We also spoke with the provider's regional director who was visiting the service. Some people were not able to tell us about their experiences because of their dementia or other conditions, therefore we observed how people were being cared for and supported. We looked at records which included care plans, records of staff training and recruitment, records of the complaints and the provider's records of quality monitoring. We also looked at the way in which medicines were stored, administered and recorded. We looked at the environment and the safety of the equipment being used at the service.

Good

Is the service safe?

Our findings

At the inspection of 22 September 2015 we found that people were at risk because they were not always given the correct consistency of food which met their individual needs.

At the inspection of 19 April 2016 we found that improvements had been made. We observed people received food and drink which was the correct consistency to meet their needs. The provider had organised additional training and information for the staff about the importance of food and fluid consistency. The manager had met with groups of staff to discuss this and test their knowledge. Care plans had up to date and clear information about individual needs. The staff had consulted with healthcare professionals about people's needs and this consultation was recorded.

The staff demonstrated a good knowledge of people's individual needs with regards to food and fluid consistency. They were able to tell us about the importance of using thickeners to create different consistencies of drink. They were also able to describe how much each person they worked with needed. We saw the staff checking the consistency of food and fluid when they supported people.

At the inspection of 22 September 2015 we found that people were at risk because the deployment of staff did not always meet their needs.

At the inspection of 19 April 2016 we found that the provider had improved the staffing levels at the service and organised better deployment of staff, therefore there were enough staff on duty to meet people's needs and keep them safe.

People told us they felt there were enough staff on duty. One person told us, "I hope there are enough staff. They listen to my problems and answer everything. There is always one around so if you need something you don't have to look far. That is the same at night as well." Another person said, "As far as I can tell it's seems fine always staff walking around. I don't know about the night staff as I'm asleep." The relative of one person told us, "There was a problem when (my relative) first moved in here. We had to give her a shower as we didn't know if she had been given one, staff were always busy. Now that's improved and I think there are enough people around here looking after everyone."

The manager told us the provider had recruited 16 new permanent members of staff since the last inspection, including team leaders and care staff. They were also recruiting bank (temporary) staff to cover staff absences and vacancies. They had tried different approaches to managing staff absences by speaking with the staff about their individual needs. They had introduced a more flexible working pattern and changes to shifts in order to meet the needs of staff who had caring responsibilities outside work. The manager also told us they had introduced a regular twice monthly session where staff could meet with the manager or deputy manager to discuss any specific needs they had. The manager told us this approach had resulted in improved staff performance and reduced short notice staff absences. They said that this had meant better staffing levels and deployment at all times, giving an example of how mealtimes were now better organised and well-staffed.

We observed there were enough staff on duty on the day of the inspection. No one waited long for care or attention and the staff were available in communal rooms and throughout corridors and bedrooms. For example, we saw a person struggling to manage a heavy door to a bathroom. A staff member soon noticed and supported the person. The staff rotas indicated that there were always appropriate staffing levels during the day and night. Each shift included a number of senior staff who led the team and allocated work.

People told us they felt safe at the service. One person said, "Yes if I have any problems I can talk to the staff, they will look after me." Another person told us, ''We get looked after really well. The whole atmosphere here is great they're always happy to help and there's always someone here to look after me. I feel very safe here." The relative of one person said, ''It is very safe in here always someone around that can look after them." Another relative told us, ''(My relative) is more mobile here and there is always someone around to make sure she doesn't fall."

People were protected because the provider had systems and procedures to safeguard them. There was an appropriate procedure for safeguarding people and the staff were aware of this. There were posters on display around the service about abuse and how to report this. The staff were able to tell us what they would do if they were concerned about someone's safety or if they thought someone was being abused. The provider kept records of all safeguarding alerts and how these had been investigated and acted upon. They had worked with the local safeguarding authority and notified all relevant agencies when concerns had been raised.

The risks to people's wellbeing and safety had been assessed and there were plans for staff to help keep people safe. For example, the risks for people when moving safely around the home, those associated with their health, skin integrity and nutritional intake were recorded. However, some of the assessments were the same for each person. They did not always take into account people's individual needs. For example, one person wore glasses and was unable to see clearly without these. The information about how the person should be supported to move safely around the building did not include the instructions that the person should always be wearing their glasses, despite the fact they were confused and could at times forget to put these on themselves. We discussed this with the manager who acknowledged that some of the risk assessments were the same or similar for different people. They told us that information about people's individual needs was more clearly recorded in care plans but told us this should have also been reflected in the risk assessments. The manager said that the provider was introducing a new format for recording risks and they would ensure the new assessments included specific individual needs.

Some people who required hoisting did not have their own personal sling for this. Although the size and type of sling each person needed had been recorded in assessments and care plans, different people were using the same sling. This presented a risk of cross contamination from infections and slings becoming worn. The manager told us that the provider would reassess individual needs for people who required slings and make sure people were assigned their own individual and labelled sling in the future.

People were protected from the risk of repeated injury and appropriate action was taken when people fell. The staff recorded all accidents and incidents and the action they had taken to keep people safe and contact medical services. The records included referral to the manager and action taken to prevent a repeat of the accident. This action included reviewing risk assessments, care plans, increasing checks on people who were vulnerable and referring people to an external falls clinic to assess what other support they needed. We saw people being supported to move around the home. The staff ensured that people in wheelchairs were safe and that people with limited mobility were given the support they needed. For example, staff walked behind some people who used a walking frame.

People lived in an environment which was appropriately maintained and safe. There was a fire safety procedure which included action the staff would need to take to protect each individual, according to their vulnerability and need, in event of a fire. The staff took part in fire safety training and practice fire drills. There were regular checks on fire safety equipment. The provider employed maintenance workers who made checks on the environment and carried out repairs. There were regular and appropriate checks by external companies on water, gas and electrical safety. The building was equipped with a call bell alarm system which was available in all rooms. We saw call bells were placed within easy reach of people in their rooms and were available in bathrooms and toilets.

There were risk assessments and a plan to ensure the safety for people who were unable to use or understand the call bells system. Windows were equipped with restricting devices to prevent people from climbing or falling from these. The exits from each floor, to the stairs and for leaving the building were controlled by key pad codes. The corridors and communal rooms were equipped with hand rails. People's individual needs had been assessed and the equipment in their bedrooms reflected this. For example, some people used bed rails to prevent them falling from bed. The use of these had been assessed on an individual basis and had been agreed by the person or their representatives.

The provider recorded checks on all equipment and the health and safety of the environment. However, we found that one of the slings which we witnessed being used to help move someone from a wheelchair to a seat had a worn patch where the material had started to fray. This meant there was a risk of further damage when the sling was in use leading to an injury. We reported this to the manager who agreed to remove the sling from use immediately. However, the checks of equipment had not previously identified this and should have done. Equipment, including hoists and an autoclave were labelled with the date of the last service. Some of these labels indicated services were out of date. Records indicated that equipment had been serviced but the labels needed to be updated to reflect this. The manager told us they would ensure this was attended to.

People lived in an environment which was clean. However, we noted one bathroom had an unpleasant odour for two hours during the morning of our visit and a spillage on the floor which had not been attended to. We saw people using the bathroom during this time. Once we notified staff of this they attended to the cleaning immediately. Some of the bathrooms which were not in regular use were not thoroughly cleaned and had the signs of not being used, for example a large amount of dead flies in a bath. However, we saw cleaning staff throughout the day in bedrooms and communal areas. They carried out thorough cleaning of the areas which were in regular use.

People told us they had the help they needed to take their medicines. Some of the comments people made were, "They do my tablets, two in the morning and night time. I've started taking less tablets since I've been here. I'm sure they have told me what they are for but I can't remember", "I was on the medication before coming here and my doctor did tell me what they are for. They come around more or less the same time every day", ''Two of the staff are specials and they do the medication. They come around the same time give or take. I know what I take" and "You can have medicines for pain if you need, they do ask why do you want it. Then they look up your medical to check if you can take it. They are very thorough'' and "Painkillers are given when I need them. They have never stopped me getting any."

People received their medicines in a safe way and as prescribed. We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the service and were stored securely in a locked medicines trolley (within a locked room).This assured us that medicines were available at the point of need. When the medicines trolleys were not in use, they were secured to the walls in an appropriate manner. Therefore medicines were stored securely.

Current fridge temperatures were taken each day; and staff recorded minimum and maximum temperatures. During the inspection (and observing past records), the fridge temperature was found to be in the range of 2-8°C.Therefore medicines were stored at the appropriate temperature.

People received their medicines as prescribed, including controlled drugs. We looked at 10 MAR charts and found no gaps in the recording of medicines administered, which assured us that people received their medicines safely, consistently and as prescribed. We spoke with one person who reported that they received their medicines in a timely and correct manner. Running balances were kept for medicines that were not dispensed in the monitored dosage system. This meant that staff were aware when a medicine was due to run out and could make arrangements to order more. Where a variable dose of a medicine was prescribed (e.g. one or two paracetamol tablets), we did not always see a record of the actual number of dose units administered to the person on the MAR chart. However, the provider kept a separate daily running balance of these types of medicines, and we found that no inappropriate quantities of medicines had been given to people. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance).

Medicines to be disposed were placed in the appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by the supplying pharmacy. Controlled drugs (CDs) were appropriately stored in accordance with legal requirements, with weekly audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw seven PRN forms for pain-relief/laxative medicines. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

Medicines were administered by senior carers that had been trained in medicines administration. We observed a medicines round and found that staff had a caring attitude towards the administration of medicines for people. Also, we found that staff wore a protective vest to ensure that they were not disturbed during the medicines round.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the supplying pharmacy and the provider, including safe storage of medicines, room and fridge temperatures and stock quantities on a daily basis. When asked, the provider stated that no medicines incidents had been reported recently.

The provider confirmed they were happy with the arrangement with the supplying community pharmacy and GP, and felt that the provider received good support with regards to the training of staff of high risk medicines (such as warfarin) and medicines reviews. This was evidenced by checking the record of several medicines reviews that had been carried out within the last six months.

People were protected because the provider followed safe recruitment practices. Staff were invited for an interview at the service and asked for proof of their identity and eligibility to work in the United Kingdom. The provider carried out reference and criminal record checks. We saw evidence of these checks and additional information about the member of staff's employment history in the staff files we examined.

Good

Is the service effective?

Our findings

At the inspection of 22 September 2015 we found that people had not always been consulted about their care and treatment or consented to this.

At the inspection of 19 April 2016 we found improvements had been made. People had been asked to view and consent to their care plan and other aspects of their care, for example, information being recorded and shared with other professionals when needed. Where people were unable to consent, families or their other representatives had been consulted about the person's care and asked to sign if they agreed with this.

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 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).

The manager had consulted with the families and other representatives of people who did not have capacity to make decisions and had made appropriate DoLS applications for these people. We saw that there was a record of these and why the authorisation had been made. The manager regularly audited these authorisations to make sure they were in date and remained relevant for each person. The staff had received training about the Mental Capacity Act 2005 and were able to tell us about this and how it affected the way they worked.

There was a do not attempt resuscitation order in place for some people who lived at the service. This meant that if their heart stopped the staff should not attempt to resuscitate them. These decisions had been made with the consent of the person (where they had capacity), their family and their doctor. The reasons for the decision had been recorded. The manager carried out audits of these documents to make sure they were still relevant and still reflected the decision of the person.

People were cared for by staff who were well trained and supported. Some of the comments people made about the staff were, ''I can talk to the staff about anything. They are quite good, I get helped with washing and dressing and they are good at it", "Sometimes they need to go to others to find out but they aren't standing around confused" and "Everyone I talk to knows exactly what's going on with my mum. "

The staff received an induction when they first started work at the service and this included training in certain areas. The staff told us this training had been useful. They also shadowed experienced staff and completed supervised tasks to be assessed as competent. The provider regularly updated staff training and monitored when this was needed. They kept a record of when staff training was due. One member of staff told us, ''The Care UK training is absolutely fantastic'''

There were regular team and individual staff meetings with managers. The staff told us these were useful and they felt able to discuss their role and responsibilities. The staff told us they had themed supervision meetings to discuss specific topics and this was helpful. Supervisions and team meetings were recorded. The staff carried out a daily handover of information to update themselves on any changes at the service. The staff told us they had allocated time to read care plans and other information about the service.

We spoke with staff working in different departments at the service. They all reported good team work and support for each other. They told us things had improved at the service, one member of staff telling us, ''Things are a lot better, we are all working together as a team, I can't fault it, I am happier here now.'' Another member of staff said, ''We all work together, helping one another.'' One member of staff who had been employed since the last inspection said, ''I have enjoyed every day I have worked here, people I work with are friendly and helpful.'' They told us their line managers were supportive and caring. One member of staff told us, ''They do their best to sort out any issues straight away, they support us.'' Another member of staff said, ''If we need anything they get it for us, like new equipment.''

People lived in an environment which reflected their needs however the layout of the building meant that it was sometimes difficult for people to orientate themselves. The provider had started to make improvements with labels, however some areas of the building were still hard to distinguish from other areas. For example, corridors on the first floor were painted the same colour and contained the same similar pictures and art work. On the ground floor the provider had used tactile pictures and objects to engage people and help them identify different areas of the home. There was a sensory room, a number of different communal rooms, a well-kept garden and a coffee shop. People told us they liked spending time in these different areas.

There were notice boards with some information on display, for example information about activities, menus and minutes to meetings. There was also a copy of the complaints procedure and information about abuse. However, people might benefit from more information, including notices at differing heights, easy to read information and pictorial information.

People were given the support they needed to meet their nutritional needs. Some of the comments people made about the food at the service were, "The breakfast is always good it's my favourite and the rest of the day the food is nice too. It's never cold or burnt", ''The food is very nice and there is more if you want it. There are some things that I can't eat so they get my something else. It is all written down. There are two choices that everyone gets", "Food is not bad we get a couple of choices'', "The food is very good. A vegetarian option is provided" ''I like the fact they take out the things I don't l eat'', "(My relative) does say that she likes the food and the staff seem to know what she had to eat'', "They make tea every morning and again at night. I can ask for more whenever I want", ''I can get snacks any time and they are pretty quick getting it", "Someone brings a trolley around with tea and biscuits. This happens a few times a day" and ''The chef always makes things special, for example they add cranberries to the stuffing.''

People's nutritional needs were assessed when they moved to the home and each month. Where people were considered at risk there was a clear plan to provide the nutrition they needed. The staff worked closely with other healthcare professionals and consulted them when there was an identified need, for example, low weight or swallowing difficulties. People were weighed at least once a month and additional calories were provided where people needed to gain weight. There was a set menu offering a range of choices at each meal. People were able to choose from other alternatives, such as salad, omelettes and jacket potatoes if they did not want one of the main menu choices.

The food was freshly prepared at each meal from fresh ingredients. Portion sizes were served individually

and reflected people's known preferences and needs. At lunch time during our visit we saw that everyone was offered a second helping or asked if they wanted anything else. People's visitors were able to sit and eat with them and were offered a meal. After lunch people were offered fresh fruit and this was offered again later in the day. People were offered a choice of drinks, including hot drinks and fresh fruit juices, before and during their meal. The staff showed people the different options of plated food when they were serving to help them make a choice about what they wanted to eat. Cakes, savoury snacks, such as toast and pate, yoghurts and fruit were offered during the afternoon. Sandwiches and other food were available over night for people who wanted these.

The chef told us, ''I am willing to do anything for (the people who lived at the service), I see them like my grandmother or grandfather.'' They had a good knowledge of people's needs and individual preferences. They catered for food allergies and special diets. There was a soft diet option for each meal. The chef told us they had received training and information about textured diets and they demonstrated a good awareness of the different consistencies of food people needed. The chef told us they met new people when they moved to the service and spoke with them about their dietary needs and preferences. They spent time with people whilst they were eating and after meals to get feedback about their experience. They also met with people to review the menu. The chef carried out checks on food stocks, temperatures of cooked food and food storage, kitchen equipment and hygiene. These were recorded.

People were given the support they needed to stay healthy. Their health needs were assessed and monitored. Care plans described individual health conditions and the support people needed with these. The doctors and other healthcare professionals visited regularly and information from consultations was recorded in people's care plans and notes. We met a visiting community nurse. They told us they visited the home each day to support people who had specific nursing needs. They told us the staff were good at reporting changes in people's condition, for example alerting them to changes in someone's skin. They also said the staff followed their guidance and instructions.

There was evidence that some people's health had improved since they had lived at the service. For example some people who had needed pureed diets had started to eat soft food diets. Other people who had been recorded as low weight when moving to the service had increased weight and maintained this.

During the inspection, one person arrived back at the home from hospital via ambulance. The staff welcomed the person back and paid close attention to them. They took a full handover from the ambulance staff and made sure changes in the person's health were recorded.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind, polite and caring. Some of the things people told us were, "If I have any problems I can talk to the staff. They always listen to me and they are quite good", "They are a good bunch of girls. They are all willing to help me with anything I need", "They are very caring. They look after me really well. I can't always get up when I want to like going to the toilet, someone usually comes and give me a hand. They are pretty quick", "On the whole everyone seems to like it here because of the staff. I can't say I've ever seen or heard my mum mention that the staff have ever been rude to her", ''It is a lovely place, the carers are very kind and caring. I love it here'' and ''I am very satisfied here with being well looked after, no complaints at all.''

We observed that the staff were kind and caring towards people. They maintained eye contact when speaking with people, bent down to their level and listened to what the person had to say. People were not rushed to move, when eating or with any specific activity. The staff stayed with people when they were supporting them and did not attend to other tasks.

We witnessed one person becoming distressed and upset. The staff took their time comforting the person and listening to what they had to say. They spent time with the person, made sure they felt better before they left them and organised for the person to have a hot drink when they felt calmer.

People's privacy was respected. Some of the comments from people included, "They always ask me can I wash you or can I come in'', "They don't talk about anyone issues in front of other people'', "They knock and wait a bit before they walk in", "Yes the staff are wonderful. I trust them, they are always polite and ask if they can help me, they never do anything without asking" and ''The staff really know the residents, they are so caring, they know their choices, for example at mealtimes, they remember when they saw people eating well and make sure the person is offered that food again.''

We observed the staff knocking on people's bedroom doors, ensuring that care was given in private, making sure people's clothes were suitably adjusted to maintain their dignity and using people's preferred names.

One of the staff was the designated dignity and nutrition monitor. Their role was to make sure people's dignity was respected and the staff were treating them appropriately. We saw this person monitoring other staff during the lunch on the day of the inspection. Mealtimes at the service were protected, meaning that no consultations with health professionals or social workers could take place over this time, except in emergencies. All the staff were expected to support mealtimes and were not allowed to attend to other tasks. Visitors were made welcome if they wanted to share a meal or sit with the person they were visiting whilst they ate.

Good

Is the service responsive?

Our findings

At the inspection of 22 September 2015 we found that although there were planned social activities and special events, not everyone felt they were aware of these or had opportunities to participate. Some people had felt lonely. Following this inspection the provider looked at ways they could make sure everyone had the opportunity for social engagement and to participate in activities. The provider employed two activity coordinators. They planned individual and group events. They made sure these were advertised and people were given a record of planned activities each week. People told us they felt there was more involvement in this area now and the staff spent more time engaging with them.

Some of the comments people made were, '' During the day I like taking part in the singing and dancing and at night I can go to bed when I want and read my book" , "There are lots of activities here. They do a keep fit class with different teachers, the children come from the school, we listen to music and play bingo, I also like to read. We are in some ways restricted we can walk around the garden but can't go outside unless accompanied by a relative", "I get up when I want to and they leave me alone. I like talking in the lounge and watching TV" and "I like to read. We sometimes pass the balloon around and I enjoy the sing along.''

During our inspection we saw that a number of different activities were taking place in the home. In some areas the staff were encouraging groups of people to join in activities together, for example playing with a balloon and a reminiscence quiz. We also saw the staff spending time talking with individual people, having a dance with them, joining them in a song and offering them magazines and things to do. The majority of people spent time in one of the lounges. These were lively and staff were present at all times talking with people and making sure people felt involved with others if they wanted this. Some people spent time in their rooms and the activity coordinators told us they visited people to make sure they did not feel lonely.

There were a number of resources available for people to use including a sensory room and a coffee shop. The coffee shop was laid out with a counter and small tables and people were able to order drinks. The staff organised regularly events in the room, including a fish and chip supper. They told us they supported people to use the shop when they were restless or wanted to leave the building but were unable to. There was a regular church service and art and craft groups. There was a film shown on a big screen twice a week.

People's care needs were met in a personalised and individual way. Senior staff carried out assessments of people's needs and created care plans to tell the staff how to care for them. The care plans included individual preferences and contained details relating to the person, their life before they moved to the home and how they liked to be cared for. Care plans were regularly reviewed and updated. The staff kept daily care notes and these showed that care plans were followed and people's preferences were considered.

People were able to personalise their rooms with ornaments, furniture and other belongings. People were dressed appropriately and nicely in their own clothes. They were clean and well cared for. Their hair and nails appeared clean. The staff kept a record to show how often people had been offered baths and showers and we saw that these happened regularly.

The provider had a system of ''resident of the day.'' This meant that each person had a day every three months where they were involved in reviewing their care. They met with the maintenance team to discuss any needs they had for their room, the catering staff to discuss their menu preferences and needs, the senior staff to review care plans and activity coordinators to discuss their social and emotional needs. The person's next of kin was invited to participate in this review.

People told us they knew how to make a complaint and felt confident these would be responded to appropriately. Copies of the complaints procedure were on display around the service. The manager kept a record of complaints and the action taken to investigate these and following the complaint. The record included any lessons learnt from the complaint, acknowledgements and apologies to the complainant.

Good

Is the service well-led?

Our findings

At the inspection of 22 September 2015 we found that the provider had not always mitigated the risk to the health, safety and welfare of people who lived at the service.

At the inspection of 19 April 2016 we found that improvements had been made. The provider had taken steps to ensure that risks were appropriately assessed and action was taken to protect people from harm. For example, the manager had made improvements in all the areas identified at the last inspection. They had developed an action plan which included timescales and information about how improvements would be achieved. There was evidence to show that these improvements had been made and new actions set where the manager had identified other areas of concern.

People felt the service was well-led. At the last inspection some of the staff told us they had felt unhappy working at the service, at this inspection they told us they were happy and felt well supported, they said that there had been positive changes. Some of the comments people living at the service told us were, "All the managers talk to me and are very polite", "I have met the managers, they are very good. They say hello and when they have time come and have a chat" and "They listen to my problems."

One person told us, "The place is always clean and tidy and the staff are wonderful." Another person said, "There is always a maintenance guy walking around and keep the building in good condition."

The registered manager had been in post since 2013. They previously managed another home and had experience working in social care. The manager had undertaken a leadership in management of care award. The provider, Care UK, is a national organisation operating 104 homes throughout England and Scotland. The organisation's regional director regularly visited the home offering support and carrying out audits.

People told us they felt involved in planning their care and were informed about events at the home. There were regular meetings for people who lived there and their relatives. One person told us, "I have been to one residents'' meeting. We talked about what will happen and how they plan to do it and we talk about the problems anyone may have." Another person said, ''We have meetings a few times a year. They talk about our issues. I go sometimes."

The manager and staff carried out audits regarding different aspects of the service. These included checks on records, people's care needs, equipment, activities, the environment, accidents, complaints and staff training. The manager kept a file of evidence showing when checks had been made and any actions from these.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.