Carebase (Chingford) Limited

Spinney (The)

Inspection report

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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

We undertook an inspection of The Spinney on 22 and 23 February 2017. This was an unannounced inspection. At the last inspection in February 2015 the service was rated Good.

The Spinney provides accommodation for up to 48 older people living with dementia. There were 44 people living at the home when we visited.

The service had a manager who had been in place since January 2017. They were about to start the process of applying to become the registered manager of the service. 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 this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

Recruitment and selection procedures were not always carried out in line with the provider's policy and procedure and may have placed people using the service at risk of harm by unsafe recruitment and selection practices.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. Staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans were in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely.

Staff undertook training and received one to one supervision to help support them to provide effective care. The manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People told us they liked the food provided and we saw people were able to choose what they ate and drank.

People's needs were assessed and met in a personalised manner. Care plans were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious

needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The service had a complaints procedure in place and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant.

Staff told us the service had an open and inclusive atmosphere and senior staff were approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

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 always safe.

Recruitment and selection procedures were not always safe.

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people that were potentially at risk.

People had choice over what they ate and drank. Staff were aware of people's dietary preferences

People had access to health care professionals as appropriate.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about their care and the support they received.

People's cultural and religious needs were respected when

planning and delivering care. Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities that reflected their interests, according to their choices.

People knew how to make a complaint if they were unhappy about the home and felt confident they were listened too.

Is the service well-led?

Good

The service was well-led.

The service had a manager in place and a clear management structure. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Spinney (The)

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.

We undertook an unannounced inspection of The Spinney on 22 and 23 February 2017. The inspection team consisted of two inspectors, a pharmacist inspector, nursing dementia specialist and an expert by experience, who had experience with older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for February 2015. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team. 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 service, what the service does well and improvements they plan to make.

We spoke with 15 people living at the service and six relatives. We also spoke with manager, the business manager, the deputy manager, the chef, the administrator, three senior care workers and nine care workers. We also spoke with a visiting health professional and a volunteer who provided complimentary therapies on the day of the inspection. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms. We looked at nine care files, staff duty rosters, a range of audits, staff training records, accidents and incidents book, six staff recruitment files, seven staff supervision records, six staff annual appraisal records,15 medicines records, and policies and procedures for the home.

Requires Improvement

Is the service safe?

Our findings

Recruitment and selection procedures were not always safe. The provider's policy on staff recruitment was not being followed. The policy stated that the potential employee must provide a full employment history when applying for a position. For example, three out of the six staff recruitment files we looked at had gaps in the person's employment history. The provider could not demonstrate they had identified and explored these gaps. Staff recruitment files showed interview records were not always completed for staff members. For example, three out of the six staff recruitment files had no interview records. The provider's policy stated that a minimum of two references were required. One of which must be from their current or last employer. This was not always being followed. For example, one staff file had one reference. Another example, a staff file had a reference that did not match the information given on the application form. This meant the provider could not be assured that employees were of good character and had the qualifications, skills and experience to support people living at the service.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives we spoke with told us that they felt the service was safe. One person when asked if the service being provided was safe replied, "I do feel safe here. They look after you well and give you lots of time." Another person told us, "Very safe. I don't worry and they [staff] care for me." A third person said, "I do feel safe and well." One relative said, "I have no concerns about safety at all. They all are well looked after and they look after [relative] belongings." Another relative told us, "I don't worry. I know [relative] is well looked after."

The service had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Staff were able to explain what constituted abuse and the action they would take to escalate concerns. Staff said they felt able to raise any concerns and would be provided with support from the senior management team. One staff member told us, "I would have to report to the manager and put in writing." Another staff member said, "I would report straight away to a senior or the manager."

The manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

The provider had assessed risks to people's safety. For example, people's care plans included assessments of risks related to physical health, falls, diabetes, personal care, nutrition, dementia, night care, mental health and communication. The staff had recorded detailed observations in each assessment and had updated these monthly. There were plans to minimise the risks and information for the staff about how to keep people safe in different situations. For example, one person was at risk of pressure sores. The risk assessment gave guidance on how to support this person following input from health professionals. The risk

assessment stated, "Inspect skin including heels and document daily. [Person who used the service] has a profile bed (profiling beds are adjustable, often have fall-prevention side rails, and are designed to accommodate a disabled or chronically ill individual who needs orthopaedic support) and air flow mattress. We check on the air flow mattress daily and record this." The care records confirmed staff had followed this guidance. The risk management plans were specific to the needs of each person and the documentation was clear and evidence based. Staff demonstrated a good understanding of their work and they had adequate knowledge regarding various precautions to take in order to ensure people were kept safe and received the care they needed.

During the inspection we checked medicines storage, medicines administration record (MAR) charts, and medicine supplies. All prescribed medicines were available at the service and were stored securely in locked medicine cupboards within each treatment area. This assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people using the service.

Current fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection and records confirmed the fridge temperature was found to be in the appropriate range of 2-8°C. This meant that medicines requiring refrigeration were stored at appropriate temperatures.

People received their medicines as prescribed. Medicine records we looked at found no gaps in the recording of medicines administered, which provided a level of assurance that people who used the service were receiving their medicines safely, consistently and as prescribed. Records showed there were body map charts for some people who had patch medicines prescribed to them (such as pain relief patches).

People received controlled drugs as prescribed. Controlled drugs are medicines which are legally subject to special storage and recording arrangements. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff. Records confirmed this. Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor.

Observations showed people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. PRN medicines are to be taken as needed instead of on a regular dosing schedule. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw ten PRN forms for pain-relief or laxative medicines. There were mostly appropriate 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 effect. We found that there were PRN protocols in place for a medicine (used to regulate heart rhythm) which were not required as this medicine was taken regularly by people. We informed the provider about this and they were removed before the end of the inspection.

Medicines were administered by care staff that had been trained in medicines administration. We observed a member of staff giving medicines to a person and found that staff had a caring attitude towards the administration of medicines for people. One person told us, "They [staff] bring it [medicines] to me in the morning at breakfast and tell me what it is. If I have a pain I tell them and they bring a painkiller. They do this quickly as well." Another person said, "They [staff] come and give it to me and yes I know what it is for. They remind me what it is for when I take it." A relative told us, "It [medicine administration] is always on time when I am here and [relative] likes taking it with squash or milk and they [staff] remember that."

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 provider including safe

storage of medicines, fridge temperatures and stock quantities on a daily basis.

Accidents and incidents were recorded and staff told us they would record any incidents, inform the registered manager and advise staff at handover to keep them informed should extra support be given. We saw records to confirm this.

There were sufficient staff on duty to provide care and support to people to meet their needs. We observed that call bells were answered promptly and care staff were not hurried in their duties. The manager and staff told us the home used bank staff when additional staff were needed to cover absences. One person told us, "All the staff are friendly and there are always enough." Another person said, "There is usually enough staff around. You see the same ones." A third person told us, "They [staff] come quickly day or night and answer the buzzer quick. " One relative told us, "Staff are very nice and there seem to be enough most of the time. When [relative] needs it they are there quick to help." Another relative said, "They [staff] always help as quickly as they can and you don't wait too long." A staff member told us, "If someone goes sick we have bank staff." Another staff member said, "We are fully staffed. There is always bank staff available."

The premises and equipment were managed in a way intended to keep people safe. During our inspection we checked the overall cleanliness and the state of the environment and we found that the home was appropriately maintained. Regular checks were carried out on hoists, emergency lights, bedrails, alarm systems, windows, water quality and temperature, wheelchairs, radiators, dishwashers, fridges, fire equipment and sharps disposal containers. The service had an in-house maintenance person and a system in place to report and deal with any maintenance issues. Records showed the maintenance person carried out 'walk-through' inspections of the premises at least daily, in addition to planned checks, and that action had been quickly taken if faults were identified. One person said, "It is very nice and they [staff] are always cleaning." Another person said, "It is always clean." A relative said, "It's beautifully clean." Another relative told us, "I like it a lot and visit daily and it is always clean wherever you go in the building."

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they were supported by staff who had the skills to meet their needs. One person told us, "They [staff] are lovely and really good at helping me." A relative said, "They [staff] are very good. Thorough." Another relative told us, "They [staff] do look after [relative] well."

Staff received regular supervision. Records showed staff received formal supervision every one to two months. However, some supervision records were not always robust and did not cover all aspects of the role. Staff we spoke with felt supported and found supervision sessions useful. One staff member told us about supervision, "It's every two months but we talk everyday." A new staff member said, "I've had two or three since I started. Ask how I'm getting on and anything I am worried about." A third staff member told us, "We get it every month with the senior carer. Talk about training or support I need." A fourth staff member said, "I have it quite often. It's thorough. Asks me my goals and what I like." Staff received annual appraisals and records confirmed this.

Staff we spoke with told us they received regular training to support them to do their job. Records confirmed this. One staff member told us, "We do training. In December I had catheter training." Another staff member said, "We do eLearning. It does help." Records showed the training included induction, fire safety, manual handling, basic first aid, health and safety, basic food hygiene, dementia, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), nutrition, and equality & diversity. Records showed new staff had been provided with induction training so they knew what was expected of them and to have the necessary skills to carry out their role.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make an application for consideration to deprive a person of their liberty. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process she would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant that the CQC were able to monitor that appropriate action

had been taken. This meant the service was meeting the requirements relating to consent, MCA and DoLS.

We heard staff gaining consent of people who used the service throughout the day of the inspection. For example, we overheard a staff member say to a person, "You want to sit in a comfortable armchair? You have a choice of half dozen." People could access all shared areas of the home when they wanted to. We saw people going back and forth to their bedroom, the lounge, and dining room. People could go out in the local community with support from the staff. The service had a care plan for people called 'consent to give care.' This care plan gave guidance to staff including whether the person had a power of attorney, mental capacity assessment completed and considerations when care was being delivered. One person told us," They [staff] do ask if they can help with washing or toilet things." Another person said, "They [staff] ask if they can assist with personal things like the toilet." This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People were supported to have a balanced diet that promoted healthy living. The service had a weekly rotating menu. We looked at the menu and found that choices of food and drink were varied and nutritionally balanced including fruits and vegetables. People told us and records showed that alternatives to the main menu were available. One person said, "The chef gives me an alternative. Always got a nice choice." Another person told us, "If I don't fancy it I have a soup or yogurt and fruit mid-afternoon. They [staff] make you anything really." People had access to snacks and drinks throughout the day and fresh fruits were available for them. The chef was familiar with people's dietary needs and flexible in accommodating their needs. For example, two people who were diabetic had their diet closely monitored by kitchen staff, in collaboration with care staff. The kitchen had on a display a list of people's dietary needs, for example if people were on a soft diet.

The business manager and chef told us the service had provided specialised training for the kitchen staff. The chef would attend a range of cooking courses with various Michelin Star chefs. Each cooking course would be a different theme. Michelin Star means a mark of distinction awarded by the Michelin travel guides to a restaurant in recognition of the high quality of its cooking. The chef told us, "I did five sessions last year and another one next week. Coming up is pureed food, menu planning and summer parties. I have thoroughly enjoyed it."

During the lunch time period we saw people being offered a range of drinks including sherry when appropriate. Meals were attractively presented and there was a relaxed and sociable atmosphere. Staff members chatted with people while they waited for their food to be served. Once all the food was served we observed the staff members sit with the people who used the service and eat their meal together. One relative told us, "There are always drinks on offer and they put them where [relative] can reach them. Sometimes we ask for them and they bring it straight away whatever time." People who used the service and their relatives were complimentary about the food. One person told us, "Food is fairly good. Too much for me. I eat what I need. You get a choice. They [staff] come around to my room at about 10.30am and give me the choices." Another person told us, "Food is very good. I like to eat in the dining room and choose from different things. We always get to choose." A relative said, "It always looks good and lots of choice even when it is soft food." Another relative told us, "The food is good and always more than enough."

Record showed people's needs were assessed in order to identify their support needs regarding nutrition. Details of people's dietary needs, food preferences and likes or dislikes were recorded in their care plan. Records showed that people's weight was monitored to help keep it within healthy limits. Daily food and fluid intake was monitored for people who were at risk of malnutrition.

People were supported to maintain good health and to access healthcare services when required. Records showed people received visits from a range of healthcare professionals such as GPs, district nurses, podiatrists, dentists, chiropodists, opticians and dieticians. One person when asked if they get to see health professionals told us, "They [staff] arrange all of it. I ask and they call them and sometimes they come the same day. It is very quick. They arrange for other things like the optician and dentist." A relative said, "Yes they [staff] do all that. Podiatrist, optician, dentist, and hairdresser all arranged and they don't have to wait long." On the day of our inspection we observed a health professional visiting people. We asked the health professional about the service. They told us, "'I have no problems here. Staff always contact me and I have seen good care." The district nurse visited the home every day to administer insulin to people who were diabetic and records were kept of this. This showed the service was seeking to meet people's health care needs.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were always kind and caring towards them. This was confirmed through our observations during our inspection. One person told us, "They [staff] do care yes. They give me time and have a chat." Another person said, "The carers are very caring." A third person told us, "Yes they [staff] are [caring]. They help me a lot to do things how I like. I like to get dressed and they help." A relative said, "They [staff] are lovely to [relative] and us. They make us feel part of it with [relative] and welcoming." A visiting volunteer said, "I've seen a lot of care homes. I think it's very, very good. They know the individual personalities and likes and dislikes."

All relatives we spoke with told us they were always kept informed about their family member and were involved in the planning of their care. One relative told us, "They [staff] keep us informed and tell us what [relative] wants and decides." Another relative said, "They [staff] do inform you of things." A third relative told us, "Yes we all discuss it [care plan]. My [relative] is happy with this. It means we all know what is going on."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences. One person told us, "I know who my key worker is. It is on the door." Another person said, "I have one carer who knows all about me and what I need." A relative told us, "[Relative] does have a named one [key worker] yes. It is written on [relative] door."

Staff were caring and people were treated with dignity and respect and were listened to. Throughout both days of the inspection, we spent time observing people in the lounge and dining areas. People were respected by staff and treated with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking in a friendly manner. Staff always sat next to people during conversations or knelt next to them so they were at the same level, we saw people were never rushed and staff actively listened to what people were saying. For example, we saw a member of staff sitting next to a person and holding their hand while they supported them to eat. We also observed a person who was disorientated and had lost their glasses. The staff member held the person's hand gently and said, "[Person] let me take you to your room and find you a pair of glasses." One person said, "They [staff] know me pretty well and listen to me." Another person told us, "They [staff] are very good. They ask if they can help me take my clothes off and go to the toilet. They wait outside if I think I can manage." A relative told us, "They [staff] listen to [relative]."

People made choices about where they wished to spend their time. During the inspection we saw people were offered choices about what they wanted to eat and drink and where they wanted to spend their time. One person told us, "They [staff] give me a choice." A staff member said, "We just don't put clothes on them [people who used the service]. We ask what they want to wear." Another staff member told us, "We ask what they want to do for the day."

People were supported by staff and encouraged to maintain their independence. One staff member told us, "We help them [people who used the service] stay independent. We try to get people to walk." Staff were available in the communal areas of the service to support people when they wished. Care plans reflected encouraging people's independence. For example, one care plan stated, "[Person who used the service] wishes to promote increased independence and confidence regarding personal care. In order to achieve this, carers should give proactive encouragement and support to ensure that [person who used the service] health and wellbeing is maintained." A relative told us, "They [staff] offer help and encourage [relative] to do things herself. They respect that [relative] still wants to be independent and privacy in the bathroom and toilet and things." Another relative said, "[Relative] has independence and dignity here."

Staff told us they enjoyed their work. One staff member said, "There is a [person] who I do activities with. She said she was grateful. It's the little things." Another staff member told us, "I enjoy my job." A third member of staff said, "I love it. I like what I do. Residents are lovely. It's a homely and warm feeling. It's been a good experience." This meant staff had an approach that placed people at the centre of their care.

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. One person told us, "I pray and they [staff] ask if I would like to go to [place of worship]." Also, arrangements had been made to provide food that reflected people's culture.

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member said, "You should be treated equally like everyone else." Another staff member told us, "Treat them like everyone else." A third staff member said, "It's all the same care. I respect all people."

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care that was responsive to their needs. One person told us, "They [staff] come in and ask me what I would like to do and what I would like them to assist with. I like to do things myself but they do offer." Another person said, "I get lots of help and they [staff] are fine." A relative told us, "They [staff] are always offering help and giving her time to choose what they help her with. I like that."

People had their needs assessed by senior staff before they moved into the service to establish if their individual needs could be met. Records confirmed this. Relatives told us they were also asked to contribute information when necessary so that an understanding of the persons needs was provided. One relative said, "There was an assessment."

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including nutrition, pressure area care, mobility, tissue viability, dementia, personal care, continence, night care, medicines, activities, mental capacity and end of life care. The care plans were written in a person centred way that reflected people's individual preferences. For example, one care plan stated for a person diagnosed with dementia, "When [person who used the service] gets visitors, she may not recognise them. Carers will need to take time to explain who they are before they come. Photos and other reminders may be needed." The care files had a section which included the person's likes and dislikes in regard to food, interests and routines. Care files also included a section of the person's personal history. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their relatives, their keyworker and records confirmed this. Care plans were reviewed regularly. One person when asked about their involvement in the care plan said, "Yes I do. They [staff] talk to me about it and what I would like to put in it. My [relative] looks at it with them too. We know everything." Another person told us, "We talk about it [care plan] and my [relative] sees it and they talk with us all about it. We all know what is going on." A third person said, "They [staff] show me [care plan] and ask me questions." A relative told us, "Yes we all discuss it. It means we all know what is going on." Another relative said, "Yes they [staff] do chat with me about it and any changes with care or meds."

People had access to planned activities and local community outings. On the first day of the inspection we observed staff members doing one to one activities with people which included reading magazines together, nail painting, arts and crafts and puzzles. On the second day of the inspection the service had an entertainer perform for people and their relatives. We observed 22 people enjoying the entertainment in the main lounge area. Whilst this was happening the staff were singing along with people, and offering refreshments such as fresh pastries and hot drinks. During the entertainment the local school children attended. The children talked to the people during the service and also sang along with the entertainer.

Also, during the day pet therapy attended with a dog. Observations showed people enjoyed petting the dog. The home employed an activities co-ordinator. One person told us, "I do flower arranging, I do chair exercise which I like and I like to have my hair done. They do trips too here but I like to go out with my family. They are going to the garden centre today. Sometimes they will come and sit in my room with me and we do a puzzle together." Another person said, "There is a lot to do. I like the entertainers and flower arranging. I like art time too." A third person told us, "They [staff] tell me in my room what activities are on that day and if I would like to join in and they remind me before hand." A relative said, "They do so much that sometimes [relative] is too busy and I don't like to interrupt so I come back. It's great." Another relative told us, "They [staff] come to [relative] room with music and they read the papers to him."

Residents and relatives meetings were held on a regular basis to provide and seek feedback on the service. The manager told us on the first day of the inspection that a resident and relative meeting was to be held that night. On day two of the inspection we were given the minutes of the meeting. Records showed 36 people attended. The minutes showed discussions on activities, power of attorney, church services, home fees, open door policy, chiropodist visits and people's sleep patterns. After the meeting the home had a wine and cheese buffet available for people and their relatives. Feedback from the minutes were positive about the service. One person told us, "We do have a get together in the lounge. They [staff] remind me about them. They ask what we like to eat and what activities we like. Yes things do change. I think they listen to us." Another person said, "We all sit around the table. They [staff] write things down and they do change things if you don't like something." A relative said, "They have meetings and they welcome feedback. You do see positive changes like new things, different activities. They do listen."

People and their relatives told us they knew how to make a complaint. They told us they would talk to the manager. One person told us, "I would complain to [manager]. I can speak up for myself. Haven't had cause." A relative said, "Definitely the manager. You can talk to her any time. She is excellent." Another relative told us, "Staff or manager. They do listen and things do get done."

The service had a complaints procedure and information on how to obtain a copy was available in the service user guide for the home. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The complaints policy had a clear procedure for staff to follow should a concern be raised. Records showed the service had three complaints for 2016. We found the complaints were investigated appropriately and the service provided resolution in a timely manner.

Good

Is the service well-led?

Our findings

The service did not have a registered manager at the time of our inspection. The service had recently employed someone for the role. The manager had been in the role since January 2017. The manager told us they had started the process to apply for the position of the registered manager. After the inspection we received a notification the application process had begun.

People who used the service and their relatives spoke positively about the manager and deputy manager. One person told us, "I do like them. They [manager and deputy manager] pop in and ask how I am. Yes they listen to feedback and they ask my family to tell them what they think too." Another person said, "The manager is very nice. I think they listen to what you think." A relative told us, "[Manager] is quite new but seems very good so far. Proactive." Another relative said, "They [manager and deputy manager] always have time to listen whatever it is."

Staff told us that they felt supported by the manager and deputy manager and that they were approachable and supportive. One staff member said, "[Manager] is approachable and talks with respect." Another staff member told us, "[Manager] is lovely. She is caring. She is amazing. She gets involved. She has chat with people." A third staff member told us, "She's good. In the short time she's been here she has sorted things out." A fourth staff member said, "My manager is thoughtful and welcoming, and I can speak to her."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. Records reviewed of individual meetings included all staff, care staff and domestic staff. Topics included annual leave, sick leave, care planning, daily records, meals, activities, fire drills, cleaning and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member told us, "We are allowed to put points across and any concerns."

Systems were in place to monitor and improve the quality of the service. Records showed the manager completed a monthly audit of the service. The audit looked at presentation of the home, medicines, care documentation, accidents and incidents, pressure sores, complaints, training, supervision, recruitment and activities. These audits were evaluated and, where required, action plans were in place to drive improvements. For example, the audit had highlighted the latest records for fire equipment testing could not be found. Records showed the fire equipment was re-tested as a result of this.

The provider's business manager monitored the quality of the service through regular visits, during which they checked the training, supervision, activities, care plan reviews, complaints, home environment and maintenance checks. These audits were also evaluated and, where required, action plans were in place to drive improvements. For example, the audit had highlighted observational supervisions were to take place. Records showed this had been actioned at the business manager's next visit.

The service also used an external company to quality check the service and we saw records to confirm this. The external company completed audits on the service. The last external audit was completed on 9 August 2016. They checked recruitment, medicines, accidents and incidents, training, supervision and appraisals,

nutrition, and care documentation.

The service had a monthly service improvement plan which included actions found from the various quality systems they had in place which included the monthly home manager audit, the business manager audit, the external company audit and various other audits. The last monthly service improvement plan was 2 February 2017. Records showed issues identified had been actioned and dated.

Satisfaction surveys were undertaken annually for people who used the service and their relatives. The last survey completed was for 2016 and records confirmed this. The survey for people included questions on social activities, choice, maintaining independence, food, communication and spiritual and cultural needs. Records showed an action plan was put into place. For example, people had said they would like more choice with activities. The manager told me she had sent out a letter with a survey asking people what activities they would like and records confirmed this. One relative told us, "I've had one or two [surveys] in the post."

The provider regularly implemented innovative schemes to promote and improve staff confidence and recognition. For example, the provider held an annual staff awards event called Hearts of Gold. Information about Hearts of Gold awards was available in the home and staff, people who used the service, relatives and visiting professionals could nominate staff members. The awards ceremony took place annually in November and staff members are invited to the event. The service displayed pictures of the event, award certificates and a plaque. Another example, during Carers Week as a sign of recognition staff members received "treats." The business manager told us previously they had organised beauty treatments for staff, an ice cream truck visited the service and chocolate hampers were given to staff to share.

The service in partnership with the local primary school had devised an intergenerational project. This involved children adopting a "grandparent" and spending time over a year with the person. During the inspection we observed the children with people who used the service. This meant the provider worked in partnership with the local community.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always check if staff had the qualifications, competence, skills and experience which are necessary for the role to be performed by them. Regulation 19 (1) (a) (b)