Abbeyfield London Polish Society Limited (The)

Abbeyfield London Polish Society

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

The inspection took place on 13 and 14 June 2016 and was unannounced.

The service was last inspected on 22 January 2016 when we found seven breaches of the Health and Social Care Act 2008 and associated regulations. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this comprehensive inspection we found the provider had taken action to address the breaches we had identified and improvements were made.

Abbeyfield London Polish Society offers personal care support for up to eight people. At the time of our inspection, eight people were living at the service, of whom six were receiving personal care. The house consisted of eight bedrooms and each person living there had access to the communal facilities such as the lounge, dining room and garden. All the people and staff living at the service were Polish. We found issues with the current registration of this service as, in effect, the service is provided and managed as a care home but is not currently registered as such. We will take up this issue with colleagues in Registration following the publication of this report.

There was a registered manager in post who had been managing the service for the past 27 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had taken action to meet the concerns identified at the inspection of 22 January 2016 and had put systems in place for the recording of received medicines. However, staff did not always follow the procedure for the recording and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

The provider did not undertake medicines audits therefore they failed to identify medicines errors.

Improvements had been made in relation to the management of risk. The risks to people's safety were identified and managed appropriately. The provider had processes in place for the recording and investigation of incidents and accidents.

The provider had put systems in place to ensure people received their support safely. We saw a variety of health and safety checks conducted on a regular basis by staff and external agencies.

Improvements had been made to fire safety, and we saw that the provider carried out regular fire checks and fire drills. All people using the service had personal emergency evacuation plans (PEEPs) in place.

Improvements had been made to the training of staff, and we saw that all staff were receiving training in

the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty.

The provider was aware of their responsibilities and had acted in accordance with the MCA and the DoL. People's capacity had been assessed by the service. People had consented to their care where they were able to do so and nobody was being deprived of their liberty.

Recruitment procedures were in place to ensure that only suitable staff were appointed to work with people who used the service.

There were enough staff on duty to keep people safe and meet their needs, and there were contingency plans in place in the event of staff absence.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

Staff treated people with kindness and dignity and took into account their human rights and diverse needs.

People's nutritional and healthcare needs had been assessed and were being met.

A range of activities were organised and a therapist visited twice a week and was developing an activity program with each person who used the service and engaging people in exercises.

Assessments were carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly.

There was a complaints procedure in place and people and their relatives knew how to make a complaint. They felt confident that their concerns would be addressed. Relatives were sent questionnaires to gain their feedback on the quality of the care provided.

People using the service, their relatives and the professionals we spoke with thought the home was well-led and the staff and management team were approachable and worked well as a team. The staff told us they felt supported by the registered manager and there was a culture of openness and transparency within the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment and quality assurance. You can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff did not always follow the procedure for the recording and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

Recruitment procedures were in place to ensure that only suitable staff were appointed to work with people who used the service.

There were enough staff on duty to keep people safe and meet their needs, and there were contingency plans in place in the event of staff absence.

There were appropriate procedures in place for the safeguarding of vulnerable people and these were being followed.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty principles.

People's nutritional and healthcare needs had been assessed and were being met.

People were cared for by staff who were suitably trained, supervised and appraised.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a friendly and caring way. People said they were well cared for and had good and caring relationships with all the staff. Relatives and professionals felt that people using the service were well cared for.

Care plans contained people's likes and dislikes and identified

the activities they enjoyed, people who were important to them, their cultural and religious needs, and needs relating to their identity. People were supported by caring staff who respected their dignity, human rights and diverse needs.

Is the service responsive?

Good

The service was responsive.

Assessments were carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed regularly.

Relatives were sent questionnaires to ask their views in relation to the quality of the care provided.

A range of activities were organised and a therapist visited twice a week and was developing an activity program with each person who used the service and engaging people in exercises.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not undertake medicines audits which resulted in them failing to identify medicines errors.

People using the service, their relatives and professionals we spoke with thought the home was well-led and that the staff and management team were approachable and worked well as a team.

The staff told us they felt supported by the registered manager and there was a culture of openness and transparency within the service.

Abbeyfield London Polish Society

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 June 2016. The first day was unannounced and we told the provider we were coming back the next day.

The inspection was carried out by two inspectors on the first day and an inspector and an expert- by-experience on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for an older relative who used residential services. They were also Polish-speaking which facilitated effective conversation with people using the 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 service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications of significant events, safeguarding alerts and the findings of previous inspections.

During the inspection, we spoke with six people who used the service, three relatives, three staff members, including the registered manager, a visiting healthcare professional, and a therapist who was providing activities for people who used the service.

We looked at the environment and observed how people were being cared for. We looked at records, including the care records for four people, recruitment records for all staff members, staff supervision and

training records, medicines records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 22 January 2016, we found that people were at risk of receiving unsafe and inappropriate care because the service did not have systems and procedures to ensure safe administration, receipt and disposal of medicines. Following our visit, the registered manager submitted an action plan in which they stated they would complete all actions related to medicines by 31 May 2016. At this inspection, we found that some improvements had been made. However people were still at risk because they did not always receive their medicines safely and as prescribed.

The registered manager had introduced a new system for the recording of received medicines. All the people using the service had individual Medicines Administration Records (MAR) charts. These were issued by a local pharmacy and included the name, date of birth, allergy status, and details about each medicine prescribed, such as dosage and time of administration.

Staff signed the MAR charts to prove that medicines had been given. Whilst this provided a level of assurance that people were receiving their medicines as prescribed, we found that none of the records had been signed from 11/06/2016 to the morning of 13/06/2016. We discussed this with the registered manager who assured us that people had received their medicines safely despite this oversight.

Most tablets and capsules were dispensed in blister packs. We checked the stock levels of medicines that were not dispensed in blister packs, such as paracetamol, and found that the amount did not always correspond to the administration records. For example, one box contained four extra tablets and another box contained eight extra tablets. This indicated that people may not have received all their medicines as prescribed. However because of the missing signatures we were not able to establish if the person had refused them or if they had been omitted.

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

All prescribed medicines were available at the service. Medicines were stored in a locked cabinet in the manager's office and only authorised staff had access to the key. The office where medicines were stored was clean but not spacious. The person responsible for the administration of medicines recorded the temperature of the medicines cabinet. This information was collected daily. The pharmacy supplied medicines on a monthly basis to the home. Staff knew when stock was low and were able to reorder further supplies and prevent people from missing doses.

Senior staff had received training in the administration of medicines and this was refreshed annually. Records we viewed confirmed this. At the time of our inspection, all the people using the service were supported to take their medicines and none were self-medicating. None of the medicines were administered covertly. When medicines are given covertly, it means that they are hidden in food or drink without the knowledge of the person receiving support.

The registered manager had put in place protocols for the administration of medicines that were taken 'as required'. This included medicines prescribed as pain relief. Some people were able to request these, and where people were less able, we saw that there were pain assessment tools in place. These helped the staff to recognise when someone was in pain and decide when to administer these medicines.

At our last inspection on 22 January 2016, we found that people were at risk of receiving unsafe of inappropriate care because the provider had not done all that was reasonably practical to mitigate risks to people's health and wellbeing. At the inspection of 13 and 14 June 2016, we found that improvements had been made.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified. Risks identified were rated as low, moderate or high, and there were detailed plans and guidance available for the staff to follow on how to support people who were at risk. These included a "mobility and falls" risk assessment for a person who had been assessed as being at moderate risk of falling. We saw the plan was written in a person-specific manner and included recommendations for staff to follow. We were told that this person had not had a fall for the past 12 months. This indicated that the registered manager had put appropriate systems in place to minimise the risk of harm for people who used the service.

At our last inspection on 22 January 2016, we found that the provider did not always recruit staff safely to make sure they were suitable to work with people who needed care and support. At the inspection of 13 and 14 June 2016, we found that the provider had put systems in place to ensure that all legal requirements were met.

At our last inspection, we found that staff files for a student on placement and two people who had undertaken a trial period at the home did not contain an application form or interview records, and that criminal record checks such as Disclosure and Barring Service (DBS) checks had not been issued by the British Authority. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We explored this further with the registered manager. They explained that they had contacted a social services department in Poland in the attempt to recruit Polish speaking staff, and had been contacted by staff who were interested in working for the service. The registered manager told us that they carried out telephone interviews and requested work history and two references. They explained that the individuals were told that their trial periods did not guarantee them a job, and that the decision to hire them or not would depend on the feedback from people who used the service as well as a suitable trial period. The registered manager confirmed that they had requested for the individuals on trial to supply Polish criminal record checks, and these had been received. The registered manager told us the individuals on trial had never left Poland before. Records we checked confirmed that the necessary documents were in place.

DBS checks were carried out for all other staff including two volunteers supporting the service in non-caring roles.

At our last inspection of 22 January 2016, we found that there were not always enough staff on duty at each shift to keep people safe, and there were no contingency plans in place in the event of staff absence.

At this inspection, we found that the provider had made improvements. The provider had implemented a weekly shift pattern that only changed in the event of staff planned absence or in an emergency. Consequently, people knew who would be supporting them each day of the week. The team discussed all emergency absences in the morning handover meetings and who was providing cover. In response to our

last inspection, the provider had introduced regular night checks to ensure all people using the service were safe and their needs were met. People who used the service confirmed that staff members visited them during the night to ensure they were well. We also saw records of such checks in people's daily care notes. This indicated there were enough staff on duty at all times to meet the needs of people who used the service.

Staff had completed training in safeguarding adults and records confirmed this. They were able to give some definitions of abuse/neglect. They told us they would report any concerns to their manager, social services, the chairman of the Board of Trustees or the Care Quality Commission (CQC). Staff were aware of the provider's safeguarding policies and procedures, and we saw that information about safeguarding vulnerable adults was available on the information board in the communal area.

Incidents were recorded briefly in people's daily notes but not on separate documents. Falls and injuries were recorded in an accident book. There were no entries in this book since 7 October 2015. The registered manager confirmed that there had been no accidents, falls or injuries since then. They told us that the staff team were proactive at preventing accidents from occurring.

People told us they felt safe at Abbeyfield London Polish Society. Some of their comments included, "I feel safe here. I am very satisfied with this home. It's very good. They do everything for you", "It's very good here. I would not change anything", It's perfect. This place is a godsend" and "I really trust them here." One relative thought the service was safe, and said, "I am more than happy knowing she is safe", and another told us, "I'm not worried. I know that if something happened, I would get an immediate phone call." One healthcare professional confirmed this and added, "This place is really good. We never have any concerns. All my colleagues think the same."

Staff we spoke with were aware of people's needs and how to protect them from harm. When asked if they were familiar with people's care plans and risk assessments, they said, "Yes I know about these and I have read them. They are in the office. Risk assessments are in the office too."

The provider had a health and safety policy in place. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

At our last inspection of 22 January 2016, we found that the provider did not carry out regular fire tests and fire drills, and people's records did not contain personal emergency evacuation plans (PEEPS).

At the inspection of 13 and 14 June 2016, we found that the provider had made improvements and had taken steps to protect people in the event of a fire. The provider had implemented regular fire tests and fire drills, and records of these were available. People who used the service confirmed that they witnessed frequent fire checks and they took part in recent fire drills. This ensured that all staff were able to follow the fire procedure in the event of a fire. People's care records contained up to date PEEPs which took account people's abilities and needs.

All areas of the home were clean, tidy and free of any hazards. The bedrooms we saw were spacious and fresh smelling and people had personalised their own rooms with photographs and objects of their choice. The registered manager told us people had chosen the colour of their walls and these had been painted to reflect their choice.

Good

Is the service effective?

Our findings

During our last inspection on 22 January 2016, we found that the provider had not always followed the principles of the Mental Capacity Act 2005 (MCA). At the inspection of 13 and 14 June 2016, we found that improvement had been made.

The 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. At the time of our inspection, people had consented to their care where they were able to do so and nobody was being deprived of their liberty.

Following our last visit, the provider introduced systems to ensure they followed the principles of the MCA. All people using the service had an initial mental capacity assessment carried out by the registered manager. The outcomes were recorded in people's care plans. The registered manager told us that if they noticed that a person was losing their capacity to make decisions, they would refer them to the local authority to request an assessment.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. One staff member told us, "We give choice to people. We give all the people what they want. I treat people like I would treat my own grandmother." Staff had training in the Mental Capacity Act (MCA) 2005, however their understanding of its principles was limited. The registered manager told us that all the people using the service had capacity to make decisions, but they were aware that they were getting older and frailer and this might change. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves indicating their consent to the care being provided.

We discussed whether a Lasting Power of Attorney (LPA) was in place for people whose finances were managed by their family. An LPA is a way of giving someone a person trusts the legal authority to make decisions on their behalf if they lack mental capacity at some time in the future or no longer wish to make decisions for themselves. The registered manager informed us they were in the process of collecting the relevant documentation from relatives.

During our last inspection on 22 January 2016, we found that the provider had not carried out an induction programme to prepare new staff for their role. At the inspection of 13 and 14 June 2016, we found that improvements had been made.

The provider had implemented a new induction process. Each staff member was asked to complete an

induction workbook to ensure they knew and understood the principles of working with older people. We looked in staff's personal files and we saw evidence that these workbooks were being used.

People were supported by staff who had appropriate skills and experience. Staff's files contained training certificates although some of these indicated that renewal training was needed. The registered manager provided us with a copy of a training matrix which showed the training that staff had undertaken and which training they were due to refresh. Subjects included safeguarding, health and safety, medication, food hygiene, moving and handling and infection control. We saw that all training was up to date, and staff confirmed that they undertook yearly refreshers. When asked if they were receiving enough support and training to do their job, one staff member said, "Probably. I would like to do more training in caring for older people. I need to keep up-to-date with changes." One staff member was in the process of completing a national recognised qualification in Health and Social care. The registered manager told us they spent a lot of time helping staff who were not fluent in English to ensure that they understood the meaning of the training undertaken. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with members of staff and looked at three staff files to assess how they were supported within their roles. One staff member told us, "We talk every day. We record the meetings we have. Yes we have formal supervision. This is monthly and it is recorded." Staff told us and we saw evidence that they were receiving regular formal supervision from the registered manager. These were recorded in a new computer system which the registered manager had started to implement. The manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This provided an opportunity for staff and their manager to reflect on their performance and to identify any training needs or career aspirations.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's likes and dislikes were recorded in their care plans and menus were devised according to people's choices. People told us that the food was good. Their comments included, "The food is very tasty. The portions are a good size. They know who likes what. I like cornflakes, others like porridge", "The food is good and there is plenty of it", "It's good Polish food", "The food is ok. I am satisfied with it, it's tasty and the portions are adequate", "The food is quite good, I like it. I always eat everything, and I have put on a bit of weight. I congratulate the place for the good food", "The food is extremely good" and "The food is good, it's freshly cooked." A member of staff said, "We give people choices of food and drink. We ask people every day what they want to eat and drink and we provide it. We have had training from a speech therapist about using thickener for fluids. This is recorded in their care plan. They told us how to use it and how to give it." We saw evidence of this in people's care records. People and staff ate their meals together. We saw that a bowl of sweets and a variety of fresh fruit were available to people in the communal lounge, and fresh drinks were available throughout the day.

People were supported to maintain good health and had access to healthcare services. We saw evidence that the provider made a variety of referrals to external health professionals when needed. This included referrals to the Speech and Language Therapy Team (SALT), regular visits from the chiropodist and the district nurse. One healthcare professional who visited on the day of our inspection told us, "They always call me if someone is unwell. I've just come today to check someone's chest because they called me. They are all very caring." They added that the service was good at monitoring the health of people who used the service and listened to advice given by healthcare professionals. The support plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, mental health, dental, medicines, dietary requirements, lifestyle and general information.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. Some of people's comments included, "The carers are very good. They help me get dressed", "The staff are very attentive", "The staff are very nice, pleasant, sincere, very obliging and helpful, they keep asking me if I need anything" and "The staff are very friendly, gentle and polite without being intrusive. I compliment the place for having such nice staff. There's no bullying. There are no restrictions here." One relative told us, "It's like an extended family. Everyone's always been courteous and everyone is treated with respect" and another said, "There is a good relationship with the staff, they reminisce with [family member]. It's traditional Polish mothering, warm and friendly." A visiting healthcare professional told us, "This place is wonderful. They are so caring" and a visiting therapist said, "They are unique here, you feel it as soon as you come in. I have been to many places and this one is great! They really look after people. They involve people with everything. The ladies help set tables and cook. It's lovely."

The staff and the registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Staff we spoke with knew people well and were able to tell us their likes and dislikes.

Staff were seen to knock on closed doors before entering and said they always respected privacy and dignity by ensuring that people's choices were respected and closing doors when delivering personal care. One staff member told us, "We knock on people's doors and say hello. We explain what we want to do and we close their door. We explain everything before we do it. We let people do things and then ask them to call us to tell us they have finished."

All staff displayed a gentle and patient approach to caring throughout the day when caring for people in the home. We observed that staff communicated with people clearly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people. They were attentive when people needed assistance and understood how best to talk with different people according to their communication needs.

Staff demonstrated a very good level of engagement with people on an interpersonal as well as practical level. They were cheerful and good natured and took time to speak with people, interacting and chatting with them throughout the day, not only when they were performing physical care tasks.

Staff were clearly aware of people's needs, routines and behaviour and were able to explain how they supported different people. We saw evidence of kind and empathetic care.

We observed interactions between people and staff during lunchtime. Everyone was eating together around a large table. Staff supported people who needed assistance with eating. There was a relaxed and unrushed atmosphere and staff appeared to have a very good rapport with all the people who used the service.

People's last wishes were recorded in their care plans and some people had been involved in devising

advanced care plans. These were documents which took into consideration how people wanted their care to be provided at the end of their life. This included one person who wished to be cared for at Abbeyfield London Polish Society and for their next of kin to be informed. The registered manager told us they encouraged gentle conversation about end of life wishes but some people chose not to discuss this.

Good

Is the service responsive?

Our findings

During our inspection on 22 January 2016, we found that the care planning system did not always reflect people's needs fully. At the inspection of 13 and 14 June 2016 , we found that improvements had been made.

Following our previous visit, the provider introduced a new care planning system that was person centred and took into account people's individual care needs and their personal wishes and preferences. A copy of each care plan was signed by people who used the service and placed in their room.

The service employed a therapist who provided exercises and other activities to people who used the service two days a week. One person told us they had been sceptical about the exercises at first and said, "I did not think much of them initially, but I realise they are very useful."

We spent time in the lounge where all the activities took place. People were engaged watching Polish TV throughout the morning. The registered manager told us that the first thing people asked for when they came down in the morning was for Polish TV to be switched on. Those who wanted to watch British TV could do so in their own rooms. People's opinion about the activities offered at the home varied. One person told us, "I spend the day in my room and in the lounge, I watch Polish TV, and read Polish press." They added that there was a small library with Polish books in the home, and said that the registered manager often did Polish crosswords with people. However they said that there was a lack of activity in the home. Two people told us they did not get bored and enjoyed reading, chatting, walking around the garden and watching TV, however, one of them said they would welcome going out more and becoming more active. We saw people being engaged in a ball game in the communal lounge on the day of our visit. The registered manager showed us photographs of different activities that took place in the last year. Events such as Christmas and people's birthdays were celebrated at the home and the home introduced international food days where people could experience meals from different cultures.

One person had a keyboard in their room and said, "All I now need is to get hold of some music scores." Another person we spoke with told us they used to play chess, bridge, poker and card games and used to go to the cinema regularly, but did not do those things anymore. A third person told us they used to love reading but could not read anymore due to their visual impairment. We discussed the above with the registered manager who told us they would look into these people's individual needs and provide the necessary material to meet their needs.

People's care records included their hobbies, likes and dislikes, but they did not include individual activity plans to incorporate these. The therapist who provided activities told us they were going to develop an individual activities program for each person using the service. Each care plan contained details of daily routine and activities undertaken for the current and past months. We saw that one person had taken part in church services, exercises, walks, group games, a movie and a football game. A number of people told us they enjoyed sitting out in the garden when the weather was good.

There were no outings organised by the home but the registered manager told us that they took individuals out if they needed to go out to the shops or anywhere else. People we spoke with confirmed that they did go out locally. Some people attended a local Polish church from time to time, and most enjoyed watching mass on Polish TV on Sundays.

People's care and support had been assessed before they started using the service. The registered manager told us they visited each person at their home or in hospital to discuss their care needs and personal choices. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People told us they had been involved in their initial assessment. People's individual care needs were taken into consideration. This included two people who had been assessed as having more complex needs. The registered manager worked with the local authority to organise additional support for them from an approved care agency. Regular carers who had received appropriate training and recruitment checks were providing this care.

One healthcare professional told us that the service was always responsive to people's needs and said, "They are very responsive. They monitor people's health and address any concern immediately." Staff told us they were aware of people's healthcare needs and would know if they were unwell. One staff member told us, "If I saw somebody was not well, I would tell my boss. If it was serious, I would call an ambulance, or tell the doctor. Some people can tell you what is wrong and some can't. We would also involve their family."

Care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. This included when people chose to retire to bed and get up, whether they preferred to be checked during the night and how many pillows they needed. We saw that person centred guidance was available for staff to follow to ensure they knew the individual needs of each person. This included comments such as, "Approach [person] in a calm, unhurried manner and avoid crowding [person] in any way" and "Clear, unambiguous language is important to avoid [person] misinterpreting carers' words."

We observed throughout the day that staff interacted well with people and responded to their needs in a timely manner. Individual staff member's style of interaction with people changed based on who they were speaking with. This showed them to be responsive to people's needs rather than having a 'one size fits all' approach. Staff were patient and encouraging and supported people without rushing them. People were rewarded with kindness and praise.

The service had a complaints procedure in place and this was available to people who used the service and their relatives. We saw a copy of this displayed on the information board. People told us they knew how to make a complaint and were confident that their concerns would be taken seriously. However none of the people we spoke with had any complaints. One person told us, "I have no complaints. It's all good here." A relative said, "My mum never complains about anything here." The provider had introduced a comments and complaints box in the entrance hall and family members were aware of this provision.

People and their relatives were encouraged to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether people's needs were being met. It also included questions about the quality of the food, the environment and their social needs. We saw that the results showed an overall satisfaction. Some comments included, "I could not rate the house highly enough", "What more could I say but excellent throughout. Staff very caring. A++++", "Food is all homemade, varied and nutritious", "I have

never seen a house so clean and friendly. The atmosphere is family." One relative commented, "When I get to a ripe old age and need help, I only hope I can find somewhere as perfect as this."

The registered manager told us they used to attend provider forums organised by the local authority, however they had not been for some time. However they told us they were in touch with another local care home and often shared information and advice to improve their service and keep abreast of development within the social care sector.

We recommend that the provider seek relevant guidance to develop individual activity plans in order to deliver meaningful and person-centred activities for people using the service.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the service who was supported by two staff members and two volunteers. The registered manager had been managing the service for the past 27 years. They held a degree in Management Studies and an NVQ3 in Health and Social Care and Catering.

At our last inspection on 22 January 2016, we found a number of breaches of regulations in relation to the leadership and governance of the service. At the inspection of 13 and 14 June 2016, we found that improvements had been made. Not all regulations were met fully; however, the registered manager was working consistently towards meeting all the requirements.

Medicines audits were not carried out and this resulted in issues and risks which are documented in the Safe section of this report.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had put in place a number of different types of audits to review the quality of the care provided. These lacked detail and included environmental checks and health and safety checks. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were regular.

People and relatives we spoke with were complimentary about the staff and the registered manager. They said they were approachable and provided a culture of openness. People thought that the home was well managed and the staff worked well as a team. One person told us, "The manager is very good" and another said, "I get on well with the manager." One relative said, "The manager is very positive, she encouraged my [family member] to get up."

Staff commented that they felt supported by the registered manager and were confident that they could raise concerns or queries at any time. Staff were very positive about their jobs and told us they felt supported. One staff member said, "The manager is good. She teaches me a lot. She says, 'treat people as you want to be treated yourself when you are old'. The manager puts her heart into the job. She remains calm, never shouts." A healthcare professional told us the service was "well run" and staff knew people who used the service very well.

The registered manager told us they had asked a member of staff to deputise for them when they were away on holiday. They informed us that they had assessed the staff member's ability to do this and had called them every day to ensure that everything was ok and provide advice and reassurance. We spoke to the staff member who confirmed this and said, "I deputised for the manager when she was on holiday recently. She was in contact with us all the time. I can call her anytime." The registered manager gave us an example where advice to staff over the phone had prevented a person being admitted to hospital for a condition which could be managed at home. This meant that the registered manager had systems in place for the

effective management and running of the home in their absence.

Staff told us they had regular meetings and records confirmed this. The registered manager told us they held daily mini meetings and had started to record these in a new computer system. They showed us evidence of these. The items discussed included safeguarding, health and safety and issues concerning people who used the service. We were told that there were regular meetings for people who used the service, and we saw evidence of these. People were informed of issues such as Care Quality Commission (CQC) inspections, repairs and improvements due to take place.

There was a board in the entrance hall which displayed information about CQC, the last inspection report, health and safety information and the complaints procedure.

Service user guides were issued to all people living at the service. They included a statement of purpose, a service agreement and information about the service and the organisation, its aims, objectives and values.

The service worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One healthcare professional told us they felt "confident that the home is run well, I have no concerns."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment was provided in a safe way to service users because there was not proper and safe management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person's systems and processes did not always assess, monitor and mitigate the risks relating to health, safety and welfare of service users. Regulation 17 (2) (b)