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Honiton Manor Nursing Home

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 carried out an unannounced comprehensive inspection on 30 and 31 August 2016. We last visited the service in October 2013 and found the service was compliant with the standards inspected.

Honiton Manor Nursing Home offers accommodation with nursing care and support for up to 22 older people. There were 19 people using the service during our inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People said they were happy to approach the registered manager if they had a concern and were confident that actions would be taken if required.

People were not protected from unsafe and unsuitable premises. In particular, we highlighted scald risks from the hot water supply and windows on the first floor which were not restricted to prevent people from the risk of falling out. During the inspection, the registered manager and provider took immediate steps to mitigate the risks of both the concerns regarding the hot water supply and the windows safety.

People were not protected by an effective system to assess and monitor the health and safety risks at the home. The provider had identified through their assessment process temperatures of hot taps in sinks in all rooms exceeded the Health and Safety Executive (HSE) recommended temperatures. However no action had been taken to ensure these posed no risk to people at the service. Since the inspection an electrician and heating engineer have visited and are providing quotes for the necessary work to be completed.

There were sufficient and suitable staff to keep people safe and meet their needs. The staff and registered manager undertook additional shifts when necessary to ensure staffing levels were maintained. However this meant the registered manager had undertaken a lot of additional shifts which had meant they had to prioritise their managerial duties.

People's needs were assessed before admission to the home and these were reviewed on a regular basis. Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

People received their medicines in a safe way because they were administered appropriately by suitably qualified staff and there were effective monitoring systems in place.

People could choose from a menu which was regularly reviewed and updated and took into account people's choices and preferences. People were very positive about the food provided at the home. Staff

were polite and respectful when supporting people who used the service. Staff supported people to maintain their dignity and were respectful of their privacy. People's relatives and friends were able to visit without being unnecessarily restricted.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People had access to activities at the service and were encouraged to take part. Arrangements were in place for people who stayed in their rooms to have support to avoid social isolation.

Recruitment checks were carried out. New staff received a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. Staff received regular training and updates when required and several staff were undertaking higher level qualification in health and social care. The staff had a good knowledge of how to safeguard people from abuse.

We found one breach of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back 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

Some aspects of the service were not safe.

The premises and equipment were not always managed to keep people safe. We highlighted scald risks related to the hot water supply at the home and windows on the first floor which had openings which put people at risk.

The registered manager had taken action to ensure there were sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times.
Individual risk assessments had been completed to identify health risks.
People's medicines were managed so they received them safely and as prescribed.

Staff were aware of signs of abuse and knew how to report concerns and were confident these would be investigated.

Incidents and accidents were recorded and appropriate actions taken.

There were effective recruitment and selection processes in place.

Is the service effective?

Good

The service was effective.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had the knowledge and skills they needed to support people's care and treatment needs.

Staff had received effective inductions, regular supervision and appraisals and some were undertaking higher health and social care qualifications.

People were supported to eat and drink and had adequate

nutrition to meet their needs and were very complimentary about the food at the home.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and their privacy and dignity were respected.

Staff were caring, friendly and spoke pleasantly to people. They knew people well, visitors were welcomed.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs. Their care needs were regularly reviewed, assessed and recorded. People's care needs were recognised promptly and received care when they needed it.

Activities were arranged at the home which people enjoyed.

People were aware of the complaints procedure and complaints received were addressed.

Is the service well-led?

Good

The service was well led.

The registered manager understood their responsibilities, and was in day to day control at the service. People, relatives and staff felt the registered manager was always approachable and effective and they could raise concerns appropriately.

The providers visited the service regularly and actively sought the views of people and staff at the home.

There were effective methods used to assess the quality and safety of the service people received. However the provider's system had failed to oversee that action was taken when health and safety issues had been identified.

Honiton Manor Nursing Home

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.

The inspection visits took place on 30 and 31 August 2106 and was unannounced. The inspection team consisted of one adult social care inspector.

We reviewed information we had about the service such as, a Provider Information Return (PIR) along with information we held about the home. 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 previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. We contacted commissioners of the service and external health professionals to obtain feedback about the care provided.

We met most of the people who lived at the home and received feedback from 3 people using the service. However, some other people were not able to comment specifically about their care experiences, so 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 living with dementia. Following the inspection we contacted relatives of people using the service and were able to speak with three to ask their views.

We spoke with nine staff, which included care and support staff, the deputy manager and the registered manager. We also met the four partners of the organisation (the provider) and spoke in depth with three of them. We looked at the care provided to three people which included looking at their care records and looking at the care they received at the service. We reviewed medicine records of five people. We looked at

two staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, appraisals and quality monitoring audits and information.

As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from four of them.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe at the service. One person commented, "I could be up until midnight if I wanted to. I have always felt safe here." A relative said when asked, "I have no concerns that (person) is very well looked after and safe."

People were not protected from the risks of unsafe and unsuitable premises. On the first day of the inspection we found windows on the first floor of the home without window restrictors in place, which had openings above the 100 millimetres maximum as recommended by the Health and Safety Executive (HSE). This meant vulnerable people had access to window openings large enough to climb through and fall out of, at a height that could cause them harm. On the second day of our inspection the registered manager had arranged for windows identified to be made safe. They said they would check all of the windows on the first floor of the home and take action if they had concerns.

The hot water coming from taps in people's bedrooms and communal bathrooms and toilets were too hot to hold our hands under after running for 30 seconds. The temperatures exceeded the Health and Safety Executive (HSE) recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). This presented a serious risk of scalds for people who lived at the home. On the second day of our visit the registered manager had taken action to make people safe. They had turned down the boiler temperature. The registered manager was aware turning down the boiler was a very short term solution. At the inspection the provider said they had contacted a plumber who had scheduled a visit the following week to discuss the options available to them. Following the inspection we have received an action plan from the registered manager. They have told us an electrician and heating engineer have visited and are providing quotes for the necessary work to be completed.

Environmental risk assessments had been completed which included the kitchen's hot trolley, laundry, and storage of chemicals and cleaning of shower heads. However the actions identified on two of these risk assessments were not actioned. For example, a risk assessment had been completed for 'tap temperatures' in September 2013. The assessor had recorded on the assessment that they 'need to take action' and the 'must act' box was ticked. This had been reviewed in July 2016 and yet no action had been taken. A risk assessment had also been undertaken for window openings in May 2012. The assessor has recorded 'control measures needed to restrict windows' as there was a risk of someone falling or climbing out of the windows. The assessor had also ticked the 'must act' box. This assessment had been reviewed in July 2015 and the assessor had recorded 'ongoing'. However no action had been taken to address these concerns. Since the inspection the registered manager has sent us an action plan. They have told us they have put in place a monthly audit of people's rooms. This will be carried out by the maintenance team to ensure the environment is safe for people to use.

There were no systems of checks undertaken to ensure the environment was safe. For example whether carpets which were frayed were a potential trip hazard or checks to see if wardrobes were stable and did not pose a risk of falling on to people. The partner responsible for maintenance said they undertook any tasks identified by staff and they would let them know if something was unsafe or broken. They went on to say

they had a rolling program of maintenance and if something was broken it took priority. We showed them a wardrobe which was not stable and discussed carpets which were frayed in the hallway and in a bedroom. They made us aware that there were plans to replace both carpets and said they would make the wardrobe stable. However the provider had not undertaken checks to assure themselves that all furniture was safe within the service.

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

Staff ensured people were safe when they supported them to have a bath. They checked the water temperature using a thermometer to ensure the water was a suitable temperature to prevent people from being scalded. There was a maintenance file where staff recorded maintenance issues they had identified. Action had been taken by the provider and the maintenance team and all tasks recorded had been actioned. The provider said "Each time a room becomes vacant we go in and decorate and sort out any problems…new bed, new furniture, new sink whatever is needed. We do any maintenance and if we are not able to repair something we will get specialists in." They showed us a recently refurbished bedroom and the new wardrobe was fixed to the wall with a bracket to keep it stable.

There were systems in place for external contractors to regularly service and test moving and handling equipment, fire equipment and lift maintenance. Wheelchairs were checked monthly to check footplates, tyres brakes and if a repair was needed it was carried out or taken out of use.

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. The PEEP's were held in people's individual care folders. There was a quick reference sheet of people's needs in the main fire file for use in the case of an emergency. However this was not up to date and did not include the most recent person who had come to stay at the home in April 2016. This meant that the emergency services would not be aware of all of the people at the home. The registered manager said they would amend the sheet.

On the first day of our visit a trolley used for taking around refreshments was being stored blocking an external fire exit. We brought this to the attention of the registered manager and it was removed. On the second day of our visit we were told a new storage place had been found and throughout our visit the external fire exit remained clear.

A fire service representative had attended the service in August 2015 and had made recommendations regarding signage and some of the intumescent smoke seals (these seals expand in the event of a fire and seal off the gap between the door and the frame). The provider had taken action to remedy these concerns and where a fire exit door had been locked with a key a new keypad had now been fitted.

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to meet people's individual needs. Throughout our visit call bells were responded to promptly.

There was a nurse on all shifts. They were supported by four care staff during the morning, three or four care staff in the afternoon and one care worker at night. There was also an activity person who also undertook care duties each morning, a cook, a kitchen assistant and housekeeping staff.

The registered manager said they had one nurse vacancy and had been actively trying to recruit. The

registered manager and regular staff including a bank staff member were undertaking additional shifts to cover staff leave and sickness absence. The registered manager said they did not like to use agency as this brought its own problems and by covering the shifts themselves it provided consistency and continuity for people at the home. The registered manager explained they considered the impact on staff and staffing levels when admitting new people to the service.

Recruitment and selection processes were in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, any unexplained employment gaps checked and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

Staff were knowledgeable about how to recognise signs of potential abuse and said they were confident any concerns raised with the registered manager and providers would be dealt with. One staff member said, "(The registered manager) and providers would not tolerate bad practice and would definitely challenge staff if there was an allegation of abuse." The provider had ensured people were given information of who they could contact if they were experiencing abuse. In each person's room there was a notice with the contact details of outside agencies people could contact if they had any concerns.

The home on the whole was clean and homely. The lounge was homely but looked tired. The provider was refurbishing the lounge and purchasing new furniture. They came in during the inspection with carpet swatches and asked people their views. The housekeeping staff had a cleaning schedule which they followed. However the laundry sinks and sluice were not included on the schedule and were in a poor state of cleanliness. We discussed this with the registered manager who said they would add them to the cleaning schedule. They pointed out that the sluice was not in use. There were personal protective equipment (PPE's) such as gloves and aprons around the home for staff to use.

People received their prescribed medicines on time and in a safe way. One person said, "They always bring them on time." They gave an example where some of their tablets had special instructions and that staff ensured these were followed. Nurses undertook the medicine administration at the home. They administered medicines in a safe way and had a good understanding of the medicines they were administering. There was a safe system in place to monitor receipt, stock and disposal of people's medicines. Medicines at the home were locked away in accordance with the relevant legislation. Medicines which required refrigeration were stored at the recommended temperature. Medicine administration records were accurately completed. Monthly audits of medicines were completed by the deputy manager and records showed actions were taken to address issues identified. The local pharmacy had undertaken a review at the service in April 2016 and had identified a couple of areas for improvement. These included the room temperature where medicines were stored and auditing of some medicines. The registered manager had taken action and rearranged the storage and monitoring of the temperature where the medicines were stored. They had also started to undertake audits of medicines which require a more robust monitoring system.

Learning from incidents and accidents took place and appropriate changes were implemented. Staff had recorded all incidents and accidents at the time of the incident. The registered manager had a system where they recorded the location, time and outcome of the accident in order to look for trends and patterns in accidents to ensure appropriate action was taken to reduce risks.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as

possible. These included risk assessments associated with people's mobility, nutrition, pressure damage and falls. People identified as being at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs. We identified one pressure cushion which was in a very poor state of repair during our visit. We discussed this with the registered manager who had it replaced. They said they would check all of the cushions at the home to ensure they were all in a good state of repair and effective.

Good

Is the service effective?

Our findings

Staff were skilled and were able to tell us how they cared for each individual to ensure they received effective care and support. They demonstrated through their conversations with people and their discussions with us that they knew the people they cared for well. Staff gained people's consent before they assisted people to move and they explained what they were doing and involved the person. They listened to people's opinions and acted upon them. For example, where they wanted to spend their time and if they required further refreshments.

When people's needs changed, referrals to health professionals were made promptly. People and their visitors confirmed health professionals were called promptly. One relative said how their father had numerous infections which the staff had been very reactive in getting health professional involvement and monitored his progress. Another relative commented, "They keep me informed. They ring me instantly but will also go ahead and get the doctor which is sensible."

Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "I have no concerns about Honiton Manor service. They appear to recognise problems well, call in a timely way and follow our advice. I can't recall any problems there" and "I have no concerns currently about the care my patients receive. I am called promptly if the staff feel they need advice on managing the patient. The documentation seems good"

People who lacked mental capacity to make particular decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty.

Ten deprivation of liberties applications had been submitted to the local authority to deprive people of their liberty and were awaiting authorisation. All staff at the service had undertaken training about the MCA 2005. When asked, staff were able to tell us their understanding of the MCA and how it influenced their work. For example, "We ask the residents if they want to stay in bed. It is up to them it is their home." The registered manager said they were happy they could contact the local authority DoLS team for guidance when required. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA 2005.

Staff had undergone a thorough induction. New staff worked alongside a more experienced member until the registered manager was satisfied they had the skills to work alone. One care worker said, "I worked with (a senior care worker) for two weeks. If I don't feel comfortable I just have to say, they will come and help." The registered manager had obtained the new care certificate training which is recommended for new care workers to complete to ensure they have the skills required. However they said they had not employed any

new care workers who did not already have a qualification in health and social care.

Staff had completed training which ensured they had the right competencies, knowledge and skills to support people at the home. The registered manager had designated a senior staff member to oversee that staff training and required updates were completed by all staff. They had a training plan which recorded training staff had undertaken and highlighted when staff required training updates. The registered manager and deputy manager had undertaken a train the trainer course in delivering moving and handling training and provided in- house training for staff. This meant staff could respond quickly to people's changing moving and handling needs. Staff were encouraged to undertake additional qualifications in health and social care and to extend their knowledge further.

Staff received supervision and an annual appraisal with the registered manager or deputy manager. This provided staff with an opportunity to discuss their work and training needs and hear feedback from their line manager about their performance. They said they were listened to and could discuss training needs. One staff member said, "We get a chance to discuss things." The registered manager said "Because we are a small home we talk all of the time but it is not always written down. Appraisals are in progress and there are regular supervisions and chats. I like to have a chat with everyone within a three month period but a lot are done informally. Staff can approach me as well whenever they need to speak with me."

People were supported to eat and drink enough and maintain a balanced diet. People and their relatives were complimentary about the meals at the home. Their comments included, "Food is very good here", "It's not bad and looks good", and "We have two choices of meals and two or three puddings. Usually it is too much I like small amounts" and "Food absolutely lovely." Staff also confirmed they felt the food was good at the service. One care worker said, "The food is very good here. We eat it as well."

There was a menu with a choice of two main meal options and desserts. People were asked each morning for their meal choices. Some people found it difficult to remember what they had chosen. People waiting for their meal were unable to tell us what meals they had selected. The registered manager said they would look into putting a menu board in the dining room to help make the dining experience more enjoyable. On the second day of our visit there were menus on each table and the registered manager had ordered a new board.

We observed two lunchtime meals served in the home's dining room. Some people had chosen to have their meals in the lounge with others in their rooms. During the lunchtime period there was a pleasant unrushed atmosphere with staff attending to people's needs. One relative gave an example where their relative had enjoyed a huge breakfast which they were thoroughly enjoying when they visited. They went on to say that the staff member supporting them was very patient and unrushed.

The service was catering for a variety of dietary needs. The cooks were very knowledgeable about different people's dietary needs and who required a special diet and was able to tell us how they accommodated these requirements. There was guidance in the kitchen to differentiate between Speech and language therapist (SALT) recommended consistencies of puree and fork mashable consistencies. This meant people who required a specialist diet recommended by a SALT had the appropriate meal consistency to meet their needs safely.

People who had been identified as being at risk of unexpected weight loss were being closely monitored. Staff and the registered manager demonstrated a good knowledge about the actions they needed to take when they identified a person at risk, this included contacting the GP and monitoring diet and fluid intake. People had been referred promptly to health professionals when required; this included the GP, district

nurse team and the speech and language team (SALT). People had regular visits from the opticians and chiropodists.

Good

Is the service caring?

Our findings

People and relatives praised the staff and said the care was good at the home. Comments included, "The care is very good and the involvement they have with (relative).They really do take an interest in them", "Very pleased with the medical care there. They look after them really well it is a very homely place" and "They look after her very well. They tell me what is happening. They keep her clean and well dressed. The room is always clean and the nurses are very nice and caring."

Staff talked with us about individuals in the home in a compassionate and caring way. They said they spent time getting to know the person and demonstrated a good knowledge of people's needs, likes and dislikes. Care plans were focused on the person and their individual choices and preferences and contained personal histories. This enabled staff to have a good knowledge of people's past and people and events special to them.

Staff had a pleasant approach with people and were respectful and friendly. Staff were kind and caring towards people, talking to them in a kind and pleasant manner. There was a good atmosphere in the home with banter and chatting between people and staff. Staff took time to check on people's comfort with some staff being particularly skilled at connecting with people who had difficulty communicating verbally. Staff took time to adjust people's cushions and pillows, checking people were warm.

People were treated with dignity; staff addressed people by their name and personal care was delivered in private in people's rooms. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain people's privacy. People were well presented and dressed in well laundered clothes. One visitor said, "When I visit their bed is always made and neat. (Relative) looks lovely well-presented and dapper."

People could choose the times they went to bed or got up. One person said they liked to go to bed late because they enjoyed watching TV in the evening and this was never a problem. People were consulted throughout our visit about what they wanted to do and where they wanted to sit. One staff member said, "We ask them what food and drink they want, clothes they want to wear and whether they want an extra hour in bed. It is really nice here people can chose what they want."

While supporting people, the staff gave people the time they required to communicate their wishes and it was clear they understood people's needs well to enable them to provide the support people required. For example, one person could become distressed. Staff sat with the person and reassured them. They also made us aware that sometimes it was appropriate to walk away for a while and then go back and try again. We also observed staff hoisting someone in the lounge. There were three staff present and one taking the lead. They were constantly explaining to the person what was happening and reassuring them throughout the process.

Visitors were welcomed and there were not time restrictions on visits. Visitors said they were always made welcome when they visited the home. Comments included, "Oh yes no problem when we can visit" and "I

am always made welcome, I can go in any time."

Good

Is the service responsive?

Our findings

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. Before people came to live at Honiton manor, the registered manager or deputy manager visited them and undertook an assessment of their care and support needs. People and their families were included in the admission process and were asked their views and how they wanted to be supported. This ensured the service could meet the person's individual needs fully. This information was used to develop a care plan.

Care plans were in place to meet people's care and support needs. People's care plans included information about, personal care, mental health, communication, mobility and personal safety. For example in one person's personal safety care plan was recorded, '(Person) is aware of her own safety and does not have a need for bedrails… ensure she is given a call bell.' Where people's needs changed, care plans were updated to reflect the changes.

People's assessed needs considered what they could do for themselves. Care records contained assessments of risk which included the risk of falling, skin integrity, and nutritional needs. The falls team had been contacted for advice and guidance when required. Staff used the care plan information, as well as information from shift handovers; to alert them to people's changing needs.

People's care plans and risk assessments were reviewed monthly by the nurses and more regularly if people had a change in their needs. There were formal reviews carried out by the designated named nurse which included people and their nominated relatives and friends as appropriate. However, the registered manager said, "If people have regular visitors the staff will ask them to discuss people's care plans. However the majority of relatives say just tell us about any changes." The three people at the service able to complete their reviews had declined to be involved in their care plan reviews. Relatives said they were kept informed of their relative's needs. Comments included, "They always let me know if things change" and "They ring me up and let me know what is happening or they tell me when I am visiting."

People were supported to follow their interests and take part in social activities. There was an activity person employed at the service who delivered ten hours of activities a week. They did not have a rolling program but had regular activity themes. They had recently had an Olympics theme with a score board and imaginative games which represented, rowing, javelin and hurdles using dice games, bean bags. There was a medal ceremony which local councillors had attended and presented flowers and chocolates to the winners.

Inside the main entrance to the home was a 1940's style vintage sweetshop set up which had been opened by the deputy mayor of Honiton and the MP. There were classic sweets which included liquorish allsorts and pear drops available for people to buy and an old fashioned till. This enabled people to reminisce.

Staff had performed a pantomime based around the Cinderella story for people and arranged a zoo trip for six people in the provider's minibus. The activity person said, "We do something big every month. This

month is a cruise around Europe. We are currently making portholes for the ship." The cook made us aware that the menus were also being amended to include the cruise theme. Every Wednesday the activity person had designated time allocated to spend with people who stayed in their room through choice or because of a health need. They said they chatted, listened to music and looked through books of interest with these people. They said, "We know them all personally." There were also external music entertainers who visited each month. Arrangements were in place for people to access the local community where possible. The activity person said there were two people who had regular outings into the town to do some shopping. People and visitors were positive about the activities at the home and said they had the opportunity to join in if they wanted to.

People's bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People knew how to share their experiences and raise a concern or complaint. The home's complaints procedure was clearly displayed in the entrance to the home and in each person's room. There had been one complaint in the last twelve months which the registered manager had dealt with in a timely way. This was regarding the use of a store cupboard in a person's room. The registered manager had looked into this concern and had formally responded to the complainant in line with the provider's policy and taken appropriate action. People said they would be happy to raise a concern and were confident the registered manager would take action as required. Comments included, "No concerns, (relative) is very well cared for there. I have no problems there at all", "No complaints what so ever" and "I can raise concerns and they would absolutely deal with them."

Good

Is the service well-led?

Our findings

People and visitors said they had confidence in the registered manager and would be happy to speak to her if they had any concerns about the service provided. One relative said, "Always here… always approachable." Staff said they were supported by the registered manager and felt she managed the service well. Comments included, "I like her, very direct doesn't take any messing around. Will tell you…very fair", "(Registered manager) is very good. We all get on very well here. We talk to each other all of the time" and "Very fair."

The provider had a number of quality monitoring systems in use which were used to review and improve the service. The quality assurance systems used at the home had identified areas of concern. However risks identified regarding the temperature of the hot water and windows on the first floor which posed a risk to vulnerable adults had not been acted upon. We discussed this with the registered manager and one of the partners. They took action between the two days of our visits to address the concerns to prevent people from being at any further risk.

The deputy manager undertook regular audits. These included monthly medicines and topical cream audits, care record audits, wheelchair checks, bed audit (rails, profiling, and mattress checks), and infection control audits and actions were taken when necessary. For example a wheelchair check had found one which was not safe and the wheelchair had been decommissioned. Also following a medicine audit any concerns would be discussed at a nurse meeting. For example they discussed the code system used to record the actions taken to ensure consistency and understanding.

The registered manager was supported by a deputy manager, nurses, senior care staff and care staff and an activity person. There were also ancillary staff that included housekeepers, cooks, kitchen assistants and the provider's maintenance team. The registered manager was very passionate about people at the service receiving good care. She said, "I want to treat every one of my residents as if they were my parents." The provider also arranged meetings with the managers from their three homes to discuss concerns and successes. This enabled the registered manager to share ideas and to have peer support.

The registered manager undertook regular care shifts each week and throughout our visit was very active supporting people and ensuring their needs were met. This enabled them to be aware of the day to day culture in the service which included staff attitudes, values and behaviours. They were passionate about the service and had high expectations of themselves and inspired staff to provide a quality caring service. However this meant that during the summer they had needed to undertake additional duties due to staff leave and a nurse vacancy. They said this had meant they had got behind in their managerial duties. During the inspection improvements were made by the providers that would ensure the registered manager would have more designated hours to undertake managerial duties.

There are four partners who are the registered provider, one of which is based at the home overseeing maintenance. The other three also undertake regular visits to the home each week. The registered manager said they were available by telephone at all times and were very supportive. As part of their visits the

provider observed and spoke with people at the home and dealt with any issues raised. They also met with the registered manager to ascertain how things were going and offer their support. However they did not formally record these visits and any actions they had taken. Staff said the providers were approachable. One staff member said, "We can also go to the owners (provider) ; they always listen."

The registered manager encouraged open communication with people who used the service and those that matter to them. People and their relatives were invited to resident's meetings every six months. Records of the last meeting in May 2016 confirmed people were kept informed and where able to give their views at the meetings. Topics discussed included the official opening of the vintage sweet shop, new staff and menu's. One person had mentioned they would like to have ice-cream more regularly. Ice-cream was now offered at all lunchtime meals.

The registered manager had sent surveys out to relatives or people's representatives in August 2016. They had received seven completed surveys which were mainly positive about the service. One relative highlighted the lounge and the old chairs. The lounge was in the process of being refurbished. The registered manager said once they had received all of the responses they would complete an action plan and then make people aware of the actions they were taking.

Staff had a staff handover meeting at the changeover of each shift where key information about each person's care was shared. This meant staff were kept up to date about people's changing needs and risks.

The registered manager worked to ensure staff were consulted and involved in the running of the home and in making improvements. Staff meetings were held regularly. There were full staff meetings and the registered manager also met with kitchen staff, night staff and the nurses to discuss issues specific to their roles. For example the last kitchen staff meeting in July 16 discussed the menu, food ordering and special diets. The last nurses meeting which is held every four months had discussed the night time routine and training the nurses required. The registered manager confirmed the training requested had been facilitated and undertaken. The providers confirmed they attended meetings if requested and if required. At the last whole staff meeting staff had discussed the new head of care role, and a new set of policies and procedures which had been put into place. Staff were positive about the staff meetings. One staff member said, "We chat about things and are kept informed about what is happening."

In March 2016 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored five with the highest rating being five. They wrote on their feedback, 'No concerns highlighted…the store and kitchen have been refurbished to a high standard." This confirmed good standards and record keeping in relation to food hygiene had been maintained.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all of the incident forms regarding people falling. They looked to see if there were any patterns in regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways so further falls could be avoided.

The registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the premises were safe for people using the service. Regulation 12(2)d