

Bondcare Willington Limited

Birch Tree Manor

Inspection report

Wharf Street
Port Sunlight
Wirral
Merseyside
CH62 5HE

Tel: 01516440777

Date of inspection visit:
12 January 2017
17 January 2017
25 January 2017
31 January 2017

Date of publication:
11 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12, 17, 25, and 31 January 2016. The first two days of this inspection were unannounced. Birch Tree Manor is a large modern detached and purpose built building in a residential area of Port Sunlight, Wirral. The building is over two floors with well-kept courtyard style gardens. The home is registered to provide care and accommodation for up to 62 people. At the time of our visit 55 people were living at the home.

Accommodation is in 62 single occupancy bedrooms, each bedroom has en-suite toilet facilities. The upper floor is accessible by a staircase and a passenger lift. There are also additional communal toilets, shower rooms and bathrooms on each floor.

The home required and had 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.

During our inspection we found breaches of regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the administration of medication was not consistently effective and safe. Also there was not appropriate support, professional development and supervision to enable staff to carry out their duties they are employed to perform.

You can see what action we told the provider to take at the back of the full version of the report. The management of people's medicine was not consistently safe. One person's medication had been out of stock for two days, this meant the person had missed some doses of their prescribed medication. When we checked a sample of people's medication, we found that the amount of some people's medication left in the medication stocks did not match what had been administered. This meant that medication administration and recording had not been consistently accurate.

The supervision system in place to support staff in their development and to ensure that staff had the skills and knowledge necessary for their role was not being used effectively. For example some nursing staff not clearly explain to us their responsibilities in safeguarding vulnerable adults. This meant that they may not know how to react in order to keep people safe.

People's relatives told us that there were not always enough staff on duty at the home. During our visit we did not see anybody waiting for care. There were indications however that staff were rushed and under pressure in meeting people's needs and performing duties in a timely manner. For example some staff told us they had been too busy to complete records in a timely manner and some people's family members told us they had witnessed people waiting for care.

People and their relatives told us that they felt safe living at the home. One family member when asked if their loved one was safe said, "Absolutely, there is no question about it". Staff were knowledgeable about the signs to look out for should they suspect abuse had occurred. However they lacked knowledge about how to report this to the relevant authorities.

We saw that any incidents and accidents which had occurred at the home were recorded by staff and these records were reviewed monthly by the registered manager. Safeguarding referrals to the local authority and appropriate notifications to the CQC were made by the registered manager.

The environment of the home was clean, well maintained and safe. Appropriate checks had been made by competent individuals of the homes equipment and services to ensure they were safe.

We found from looking at staff recruitment records that staff had been recruited safely with the relevant checks being completed prior to their employment.

We found that the service operated within the principles of the Mental Capacity Act 2005. Appropriate referrals had been made to the local authority for people who would benefit from a Deprivation of Liberty Safeguard to keep them safe. This was done after completing an assessment of the person's capacity.

A lot of thought, research and creativity had gone into the design of the home's environment. It was a stimulating and interesting environment for the people who lived at the home. The environment was homely and not clinical with areas of interest such as a bus stop, post box, a bar, beauty salon and outdoor courtyard areas.

People told us they liked the food and there had been recent improvements in the quality of the food provided at the home. We were told that there was now more "Home cooking", there was always choice and people's needs and preferences were catered for.

Care plans were person centred and were mostly effective in ensuring people received the care they needed. The deputy manager was in the process of reviewing and changing the format of each person's care plan and we saw that half of people's plans had been reformatted in this way. Two visiting GP's and people's relatives told us that people were well supported with their health needs and they had confidence in the staff at the home in this regard.

There was a range of meaningful home and community based activities available to people who lived at the home. The activities were for people with a range of abilities, preferences and support needs. This included opportunities for people to express themselves spiritually, develop their interests and be part of their local community. Everybody we spoke with praised the activities at the home.

The registered manager was well known and had positive relationships with the people who lived at the home and their relatives. The registered manager told us it was important that people socialised and had meaningful activities to participate in and that the home provided a nice homely environment.

People's relatives told us that they had confidence in the registered manager and felt comfortable going to them with any concerns or complaints. They told us the registered manager dealt with complaints effectively. We saw that not all complaints were recorded and most were dealt with informally. People's relatives however told us when they had complained they had been happy with the response from the registered manager.

The registered manager arranged for different audits to be done at the home. Some of these audits had been effective in ensuring the service was of a high quality, for example the monthly health and safety report. Other audits had not highlighted areas for improvement at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People who lived at the home and their relatives told us they felt safe.

Medication was not always administered safely.

People's relatives told us there were not always enough staff on duty. We found examples of when staff had been stretched and under pressure.

The environment was clean and safe. Audits and checks had been made to the home's environment and the building.

Some nursing staff we spoke with didn't know how to raise a safeguarding concern with the local authority.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The process of supervision was not being used to develop staff and ensure that staff had the skills and knowledge necessary to be effective in their role.

Staff received training and an induction into their role. Staff were enthusiastic and positive about their job.

The home operated within the principles of the Mental Capacity Act 2005. Appropriate applications for DoLS authorisations had been made to the local authority.

The environment was homely and tailored around the safety, needs and preferences of the people living at the home.

Most people told us they liked the food that was available. People's preferences and special dietary requirements were catered for.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Everybody we spoke with told us the staff and culture at the home was caring.

We saw interactions between the staff and people who lived at the home that were kind, patient and respectful.

People's special events were celebrated at the home, which showed people they were cared about.

People's friends and relatives told us they were always made to feel welcome at the home. This helped to promote people's emotional well-being and a friendly atmosphere.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were individualised and person centred. Pre-assessments of people's support needs were made before people came to the home.

Complaints were dealt with and responded to. At times complaints had not been recorded by the registered manager.

There was a range of meaningful home and community based activities available to people who lived at the home. Everybody we spoke with praised the activities at the home.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The systems for recording and learning from incidents and for developing staff were not always used effectively. This meant the registered manager could not be consistently assured of the quality of the service provided.

The registered manager had sought feedback from people's relatives during relatives meetings. However there was no system in place to obtain feedback from people who lived at the home or people's relatives who were unable to attend the relative's meeting.

Staff and people at the home and their relatives told us they had friendly and positive relationships with the registered manager.

Birch Tree Manor

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.

This inspection took place on 12, 17, 25 and 31 January 2017, the first two days were unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. A notification is information about important events which the provider is required to send us by law. We checked that we had received these in a timely manner. We also contacted the local authority quality assurance team for their feedback and information.

We spoke with twelve people who lived at the home. We also spoke with nine people's relatives. We spoke with sixteen members of staff including the registered manager and the deputy manager, two nurses, six care assistants, the activities co-ordinator, maintenance, domestic and catering staff. We spoke with two visiting GP's, one visiting health professional and one person who was commissioned to provide exercise activities in the home.

We observed people's care and staff interactions with people who lived at the home. We looked at the care plans and tracked the care for nine people to see if they received the support they needed. We also looked at the staff files of four members of staff and documents relating to medication administration, health and safety, staff rotas and the management of the home.

Is the service safe?

Our findings

We saw that people were relaxed and comfortable at Birch Tree Manor. Those we spoke with told us they felt safe. One person told us, "Yes, I like to think they [the staff] do a good job".

We spoke with nine relatives of people living at Birch Tree Manor. They all told us that they thought their family members were safe at the home. When asked one person's relative told us, "Absolutely, there is no question about it". Another said, "If I leave here and sit at home, I know mum is safe and looked after. This helps me sleep". A third relative told us, "Yes, I have no hesitation leaving him, I think he's safe". Another told us they are, "Not worried about safety". We also saw a letter that one family member had written complimenting the staff at the home. They wrote, 'I was always confident in the knowledge that she was safe with you'.

We checked the ordering, storage, administration, recording and disposal of medication at the home. The home had a dedicated and secure medication room; the room was well equipped with secure medication cabinets, a medication fridge and washing facilities. We saw that the temperature of the room and of the medication fridge had been checked twice a day and recorded, which showed that medicines were stored at safe temperatures.

Controlled drugs were securely stored; we checked all the stocks of controlled drugs against the records and found that these were all correct. The nurse on duty told us that checks of controlled drugs required two signatures; however for three recent entries into the log only one signature was present. The nurse told us that staff had been, "Too busy" to perform these checks with them. This meant that a system in place to keep people's medication safe was not being followed.

We saw that each person had a medication profile documenting their medication including how the person took their medication. Information regarding as and when required medication and guidelines for staff in relation to the administration of people's medication were documented. This meant staff had clear guidance on when such medicines should be used.

We checked a sample of four people's medication. One person had no stocks of two of their medications and records showed that no stocks had been in place for two days. We spoke with the nurse on duty about this and they were unsure what was happening. We spoke with the deputy manager and we saw that following this, the medication was quickly in stock. One relative told us this has happened in the past. They told us, "Prescriptions take ages. Take too long. Staff say 'we'll chase this up', but it's not good enough." This meant that the system for obtaining prescribed medication had not been effective in ensuring people's medication was in stock.

For another person we saw that three of their medications had different stocks to those documented on the records. We also saw that there had been errors in recording medication on medication administration records (MAR). For example one medication had been given and not recorded and another person had

refused some medication and the refusal had not been correctly recorded. There were also gaps in the records of prescribed creams for one person, the staff member we spoke with told us, "We don't always record when it's [cream] been refused".

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the administration of medication was not consistently effective and safe.

We spoke with the registered manager regarding this. They told us that medication audits were completed every four weeks, one week into people's the medication cycle. We gave feedback about our findings regarding medication to the registered manager. We expressed our concern of one person's medication not being in stock, the registered manager and deputy manager told us they were not aware of this. We saw that this was very quickly rectified.

The registered manager explained to us that they aim to have a staffing level of two nurses and nine or ten carers during the day. Most people's relatives we spoke with told us they did not think there was enough staff on duty. One family member said, "I can be concerned, they don't always have the full number of carers. When they are short they are a bit more rushed, you see the strain. Some people may have to wait a little longer for personal care or the toilet." Another family member told us, "Last Thursday they were over stretched. Staffing levels don't seem to work. There is no contingency plan for sickness. Staff at times are tired." A third relative told us, "We are quite often letting staff know that people's buzzers are going off. It's generally a matter of staff numbers not staff attention."

Some of the staff we spoke with told us they didn't think there was always enough staff on duty. One person who visited the home as part of their role told us that sometimes staff were rushing to get people out of their rooms. They told us the staff are, "Usually overly busy, particularly downstairs". Two relatives told us that they had raised a complaint about an occasion when their family member had not received timely care.

During our visit we did not see anybody waiting for care. However there were indications that staff were rushed and under pressure in meeting people's needs and performing other duties in a timely manner. For example we saw that medication stock checks requiring two signatures only had one signature. The staff member told us their colleagues had been "Too busy". On two occasions after lunch we checked people's daily records in two different parts of the home. Both times there were significant gaps in the records. For example in some records the last entry was at 6am, over six hours earlier. These were records of the care given to people who may need regular repositioning or regular checks on their wellbeing. The staff member told us the care had been provided and the checks done but they had not yet had the time to complete the records.

Staff completed blocks of records together not documenting contemporaneous information throughout the day. This could lead to mistakes or errors in people's care records. We saw an example when one person had a fall resulting in a serious injury. An incident report had been completed; however the person's daily record of care made no mention of the fall and finished by stating, 'No concerns'. A staff member told us that paperwork can be rushed. This could mean that staff arriving to work may not have necessary information about people.

Staff received training on safeguarding vulnerable adults. Staff were knowledgeable about different types of

abuse and how to stay vigilant for clues regarding abuse. However we were concerned at the lack of knowledge of systems and procedures from staff we spoke with. This was in regard to what staff could do to raise a safeguarding concern, particularly in the absence of the registered manager. We highlighted this to the registered manager as a training and development need.

We met with some recently recruited staff who told us they didn't start working at the home until the registered manager had received a satisfactory criminal conviction check four references, two character and two from previous employers. They told us they had filled out application forms outlining their skills, experience and background and had attended an interview with the registered manager and deputy manager. We saw documentary evidence of similar processes being followed on four existing staff members' personnel files.

We found the home to be clean, with no unpleasant odours. There were appropriate facilities available to enable good hygiene. Toilets were clean and well equipped with equipment needed to support people with personal care and emergency pull cords. There was hand sanitiser available for staff and visitors throughout the building. One person told us they had an, "Excellent cleaner, they do a good job". People's relatives all told us they thought the home was clean. One commented, "The housekeeping staff are great".

The entrance to the building, passenger lift and access to stairwells were all keypad protected. We saw that fire doors were correctly used in the building. All cleaning chemicals were safely stored in a secure locked storeroom. This meant that there were safeguards in the environment which helped to ensure people were kept safe.

The registered manager had arranged for a series of safety checks to be completed at the home and the maintenance person kept records in relation to these checks. We saw evidence that showed lifting equipment, gas and electric installations, emergency lighting and the passenger lift were regularly checked by competent professionals. There were also monthly checks of profiling beds, wheelchairs and bed rails. The fire alarm system, internal fire doors, fire exits and fire extinguishers were checked monthly. There was an emergency evacuation pack containing necessary information and useful equipment in the event of an emergency.

The maintenance team kept a log of jobs they were working on; staff could add items that needed attention to the log. There was a cyclical maintenance and decorating plan in place, which ensured the home was kept fresh and the environment safe.

Is the service effective?

Our findings

We saw that people were familiar with and comfortable with the staff at the home. One person told us, "We have a good team". Another person said, "I do get a lot of help". Relatives were also positive about the care staff at the home. One relative told us, "The carers are kind, nice carers. This is the most important thing to me. I think the carers do a fantastic job".

We met with some new staff who were in their initial training period. One new staff member told us, "I feel ready to do this". We saw records on staff personnel files that new staff had been involved in an induction process. New nursing staff had a mentor and a period of shadowing another member of staff within an induction period. We saw records of this being completed over three to six days.

We saw records that showed that staff received training appropriate to their role. The majority of staff training was computer based training. Health and safety and moving and handling training was delivered face to face with practical training sessions in small groups. Moving and handling training was currently being refreshed for all staff.

The home's policy on 'Staff supervision and performance appraisal' stated that, 'Staff members receive regular and individual supervision to improve standards to minimise the risk of poor performance and to identify any symptoms of stress.' And, 'Supervision brings nursing and care practitioners together with a skilled supervisor to reflect on practice and discuss development needs'.

We looked at copies of the notes made at staff supervisions and the majority of them were handwritten generic notes that were identical across all staff. There was very little evidence of supervision being a two way discussion between the supervisor and supervisee. The opportunity to listen to and develop staff was not being used by the senior members of staff at the home.

We saw copies of people's annual appraisals; the form used included a scoring system. On many appraisals we saw this had not been completed.

We saw that one member of staff had their strengths and weaknesses analysed as part of their induction into their role. We looked to see what support the person had received with their identified weaknesses since this assessment. There were no supervision notes available for this staff member during this time period. When we spoke with the staff member and it was clear they still required support in these important areas.

Some staff could not clearly explain to us important aspects of their role and responsibilities, for example how to react if a safeguarding issue arose. One person was unable to locate the home's safeguarding policy which would offer them guidance and support in how to respond and keep people safe. The lack of knowledge from members of staff meant that they may not have responded in a timely way or have been effective in keeping people safe.

This was a breach of Regulation 18 (1) and 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not appropriate support, professional development and supervision to enable staff to carry out their duties they are employed to perform.

The registered manager told us that supervisions should have been more of a developmental opportunity and that newer supervisions had recently started to be used more effectively. However this had only happened on a few occasions and prior to this they had not been personalised for a considerable period of time.

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 be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw in people's care files that if appropriate an assessment of a person's capacity to consent to their care and treatment had taken place. For people who did not have the capacity to consent and it was deemed in their best interests a DoLS authorisation was in place or had been applied for to the local authority. This showed that the provider had followed the principles of the Mental Capacity Act 2005 and protected people's legal rights.

We spoke with the activities coordinator about the home's use of Facebook. We saw that Facebook was regularly updated with pictures of special occasions, people getting involved in activities and socialising. The activities co-ordinator told us that they only used images of people who had agreed to this along with their family members. The feedback from people's families that we saw was positive about the homes use of Facebook. People's relatives had fed back to the home that they found it "helpful" and it "keeps me updated". However the procedures in place to ensure that people and or their families had given consent and the home was acting in people's best interests had not consistently been followed.

All staff that we spoke with were enthusiastic and proud of the developments made in the environment and décor of the home. The registered manager told us that they had completed extensive research into how environments can be supportive of and help to calm and stimulate people who may live with dementia. They told us, "The environment is one of our strong points, we have had good feedback from residents, it has had a positive impact on people".

Each corridor had areas of interest, such as a letter box, bus stop, flowers and nostalgic signs along with historic pictures and pictures of local interest. We stopped and chatted with a person who was sitting at the bus stop for a while about the environment of the home. Some people had helped to choose the pictures near their rooms; some families brought pictures in for people. They were nicely framed and displayed. Each person had a front door style door to their room, each was painted a distinctive colour and had a number, the name and picture of the person whose room it was. Other rooms that people used in the home such as the communal lounge, dining areas and toilets also had dementia friendly signs.

People told us they liked their bedrooms, giving feedback such as; "I have a nice room" and "I like my room it's nice". One person's relative told us, "They have worked so hard on the home's environment. He goes to some particular pictures that interest him and looks at them." Another family member told us, "The

decoration makes the home brighter and fresher, there are different places to sit and it's not dreary."

One person who visited the home as part of their role told us, "The building is beautiful. The environment is wonderful, it's my absolute favourite". One staff member told us they thought, "It's not a boring care home".

There was a small quiet sitting room which we saw people's families use to visit with their loved one. It had a homely atmosphere with traditional decoration, an old record player, books and a china tea set in a display cabinet.

We observed one lunchtime at the home; the dining area was bright and background music played which promoted a calm, relaxed atmosphere. The tables were well laid out with all the items people may need. People could choose to eat in the dining area, lounge area or in their own room. The menu for the week along with food allergy information was displayed in all the dining areas.

There was a choice of two main meals, three different dessert options and a choice of drinks. We sampled the food and found it to be tasty and hot. We saw that people who wanted a second portion were offered one. People were asked their preferences and were given choices at every opportunity and staff checked that people liked the food they had.

We saw that people who needed support to eat were assisted with patience. People who needed support during mealtimes were treated with kindness and respect when they were assisted by staff. After their meal people were asked if they wanted to be supported to go elsewhere, for example to their room or to a lounge or spend more time in the dining area.

During the day we saw tea and coffee being served with biscuits and in the evening sandwiches were available for a light supper. This showed that people had access to sufficient quantities of food and drink in between meals.

We met with the kitchen staff and looked at the kitchen and food storage. The kitchen had been awarded the highest rating of five stars by the local authority environmental health team. We saw that the kitchen was clean and there was appropriate cleaning and food temperature records kept. The storage temperature of food was also checked daily.

The cook explained that they ensured they catered for people's needs and preferences. There was an information board in the kitchen that informed kitchen staff of people's different dietary requirements such as high protein diets, soft, gluten free. There was also a record of people's preferences, for example one person only likes mash and another doesn't like chocolate. The cook explained they ensured there was always a food option available for different people's preferences. The cook also explained that they had started to increase their range of sauces to meet people's tastes, such as hot mustard and horseradish. They also told us they had recently changed what food they buy and had started making more homemade food, such as homemade pies, sauces, cakes and soups.

One visiting GP told us that a person had experienced weight loss, however they were happy with the care the person received and though it had been "adequately investigated". They told us the home responded promptly to people's health care needs. Another GP said they were happy with the response from nursing staff at the home when a person had become unwell. They said the nurse, "Did observations before we arrived which gave us an idea of when to come. The nurse was ready to see the patient with me. It was evident the nurse knew the patient really well and had a good relationship with their relatives. They appeared well looked after".

We saw that people's care files contained records of visits from healthcare professionals and records of referrals made by staff at the home in respect of people's healthcare needs. One relative told us, "The nurse was extremely good, spot on. They stayed on to provide care when mum was ill." During our inspection we became aware that one person had an accident and had injured themselves. We saw that the person was quickly supported and medical attention was immediately sought. The care staff were concerned and liaised well with medical professionals. When returning home we saw that the registered manager had increased the person's support to ensure they were safe whilst their needs were reassessed.

Is the service caring?

Our findings

One person told us about the person supporting them, "She's good". Another person said, "I sit in the lounge with the gang at times and have a good craic". People's relatives told us they thought the staff were caring. One relative told us, "The carers are very caring. I see the way they treat mum and how they deal with other people. Staff have good relationships with people, I see people having a little laugh and joke with them." Another person's relative said, "The staff are kind. They talk to dad, know him by name and interact well. He's chatty and blossoms with social interaction."

One person who visited the home as part of their role told us, "I like coming here, the staff are very welcoming. Patients are at the centre of care". A visiting GP told us that they would be happy if one of their relatives stayed at the home. They added, "It's not one of the homes I've got issues with".

We read some recent cards and letters that family members had sent to the staff at Birch Tree Manor. One family member had written, 'We have always felt that the approach to caring from your staff has been extremely professional. We really appreciate the kindness and support given to mum and dad during their final years'. Another family member wrote, 'To all the staff who looked after mum and so gently cared for her, a very big thank you'. A third letter we looked at described the care received as, 'Kind and excellent'.

There was a warm and friendly atmosphere at the home. We saw that staff stopped to briefly chat with people. One family member told us the, "Staff are always jolly". Another said about the atmosphere at the home, "We were attracted by the friendliness." A third told us, "The philosophy here is that this is my mum's home."

We observed that the interactions between people who lived at the home and staff were positive and kind. We observed people being asked questions and their permission being sought before staff offered them support. During lunchtime we heard people being asked, "Would you like me to help you with that?" Staff then waited for a response before helping. This showed that people were respected.

People's special occasions were celebrated, the cook told us they made people a birthday cake for their birthday. One family member told us that, "There was a lovely spread at Christmas, they treated people really nice. They all got presents, it was lovely."

We saw people who may be anxious supported with kindness and tact. One person was anxious and confused; they told the staff, "I'm going now" and headed towards the door. The staff member replied, "Oh [name], but why don't you stay for tea, we're having...". The person came back inside the room and said, "Oh ok, I'll stay".

We also observed a person who had recently moved into the home was anxious and confused. We saw that staff sat down with them and listened to their concerns and empathised with them. After listening and offering reassurance the staff member said, "Oh, it's one of those days! Why don't you take your coat off and have a cuppa. It's the best drink of the day". The person started to look more relaxed and sat and chatted

with the staff member.

Family members commented on how supportive the maintenance staff had been in helping with any requests about people's rooms. For example people had been assisted with moving TV's and aerials and had been helped in arranging the room for their family member. One person's relative told us they appreciated wifi being made available for their family member to use.

People's relatives told us that they were always made to feel welcome. One relative told us, "I'm made to feel welcome, feel like part of a little family here. They are very friendly." Another said, "Oh yes, we are made very welcome, they are always warm. I'm always offered a tea or coffee. On a Sunday I've been asked if I fancy a bit of dinner." A third said, "I've gained friends here, I feel really welcome".

Is the service responsive?

Our findings

One relative told us, "The quality of care is of a high level". Another family member said about the staff at the home, "They have been adaptable in helping dad to remain as independent as possible. Been very good this way. He has mentally improved a lot, it's been a positive experience. There is a big difference in his mobility, he's not had a fall since he's been here." One visiting GP told us that, "People are clean, comfortable and well looked after. Never had an issue with equipment".

The deputy manager told us that the home was in the process of reviewing and renewing people's care files. We saw that the new care files were more thorough and clearer than those previously used. One person's relatives looked through the person's care plan and told us, "The care plan does reflect what is happening and the care my mum is receiving. The care has been responsive and really good! They pay her a lot of attention."

We saw that care plans were person centred, made record of people's religious and cultural needs and preferences in life. For example we saw details in some people's plans of preference of males for personal care, no meat on a Friday and one person who, 'Likes room door locked when they are out'. For some people a 'this is my life' document gave information about a person and their background. We saw that before coming to the home there had been pre-assessments completed to ensure that the home was able to meet the person's needs.

We spoke with the activities co-ordinator for the home. They were enthusiastic about their role and told us, 'I find it a privilege on so many levels to spend time with people who live here'. People's relatives were very positive about the activities available for people at the home.

People were supported to express and maintain their faith; there were a number of churches and religious organisations who came into the home to offer communion, a service or a bible study class. People could attend any service that they wished to. The activities co-ordinator was knowledgeable of people's faiths and told us they wanted each person to be supported to maintain their own faith.

Some people at the home were members of the local Irish centre, others visited local bingo halls. One person's relative told us, "I've noticed now that more activities are going on. People are taken out to the Irish Centre in taxis. I have gone with them; people's families are encouraged to come." Another relative told us, "The activities are excellent. There has been St Patricks Day and Christmas parties. They try to motivate people socially."

The activities co-ordinator was able to tell us of times when people had spent the majority of time in their rooms but with encouragement and finding out what they particularly enjoy, they have been supported to go out. This showed that the home had been responsive to people's interests and had used them to prevent social isolation.

During our visit to the home we saw that people joined in with a variety of activities. We saw that they

played dominos on tables upstairs and were involved in a picture quiz. One person told us, "I liked the quiz". We saw a celebration of Burns Night with traditional Scottish food, drinks, music and dancing. We were told by staff, people and their relatives that other occasions throughout the year were celebrated and people could join in if they chose. We saw that people were able to move around the home to join in with any activity they wished to.

The home used a projector and screen to show movies in different lounges, people watched these with drinks and snacks. People were positive about this. One person said, "I like watching movies at the home, we are watching Calamity Jane this afternoon". People told us they chose the movies they wanted to watch. After a movie one person told us, "I enjoyed that, that was good".

An exercise coordinator also came into the home to provide chair based exercise classes. These exercises had been adapted to the different abilities of people living at the home so all people who wanted to could join in.

In the home there was a recreated traditional pub style bar. The staff had sourced traditional pumps and other pub memorabilia. We saw people standing at the bar having a chat and a drink. One family member told us, "Dad stands at the bar and has a drink, he thinks that's great." There was also a beauty salon, including a hairdressers and nail bar. This was set up like a high street store and was open two days a week for people to use.

Some people at the home who may have had a trade background had become involved in jobs at the home with support. One family member told us, "During summer dad helped paint the benches, he was previously a painter and decorator, he enjoyed this."

People families told us that the home supported people to obtain tickets to events outside the home. One relative told us, "There are lots of things going on. He's been out to concerts and been out for Christmas lunch". Another told us, "She's been to the floral theatre. About eight people go out at a time. The home always try and get tickets."

The home had recently purchased an adapted mini bus to enable more people to get involved in activities outside of the home.

Family members told us that relatives meetings were good. Family meetings were held six times a year. We looked over some notes from previous meetings. There was positive feedback from families about the homes use of Facebook, entertainment at the home and the home's new décor. There had been concerns raised about food and the timing of meals, which had been responded to by the registered manager.

We looked at the registered manager's record of complaints. There were a small number of complaints recorded from the previous 12 months and we saw these had been investigated and responded to by the registered manager. One family member told us about a complaint they had made, they said, "I got a written reply; it was investigated as part of the complaints process. I was very happy at the end of the process. I'm very happy to see the manager if I need to."

However we did hear from people's relatives that at times they had made specific complaints to the registered manager. For some of these complaints we did not find a corresponding record in the home's complaints log. One relative told us the registered manager asked them, "Do you want to make an official complaint". The registered manager told us that only official complaints were recorded in the complaints

log. Most complaints were dealt with in an informal manner, however they were often not recorded for purposes of auditing, making improvements, developing practices at the home and looking for and learning from patterns.

Is the service well-led?

Our findings

It was clear that people living at the home had a positive relationship with the registered manager. The registered manager was familiar with and greeted people's relatives when they visited the home.

People's relatives told us they felt comfortable with and had confidence in the registered manager and deputy manager. One relative simply said, "I like her". Others commented, "The manager is amazing, very approachable, you bring a problem and it's sorted. No concerns here. I leave conversations reassured and confident." And "The manager is very approachable; she is an open door manager". Another relative told us, "I feel I can go to them and something will get done". Some relatives told us that they had on occasion raised a concern with the registered manager. One relative told us, "I'm happy with the way it was dealt with quickly". Another told us, "Her response was fantastic".

The registered manager told us, and it was clear, that it was really important to them that people were happy at the home and lived in a clean, pleasant and homely environment. There had been considerable work done to make the environment at the home interesting and easy for people with dementia to find their way around. She told us, "It's not a museum, it has to work. We use it and it works for the residents".

Staff we spoke with shared the same vision. One staff member said about the registered and deputy managers, "They care for the people. They know people well and they make sure the home looks nice for people". Other staff members told us they were proud of the home and enjoyed showing us around.

The registered manager told us that their aim was to have a culture that rewarded and encouraged staff. She told us, "I thank them a lot". One staff member told us, "I receive good help and support". This showed that the registered manager fostered a positive and appreciative culture at the home.

The registered manager arranged for audits to be done with regards to different aspects of the running of the home. Some of these had been effective whilst others had not highlighted areas of the home and the service provided that needed improvement. For example we saw that incidents and accidents were recorded at the home and the registered manager had arranged for a monthly audit of these records. However some serious incidents that had been reported and documented by staff had not been investigated and looked into by the registered manager or somebody appointed by them, in order to assess their response to the incident and its appropriateness.

Audits of staff files had not highlighted that staff supervision and the appraisal systems in place at the home were not being used effectively.

We saw that the maintenance team produced a monthly health and safety report for the registered manager. This was thorough and enabled the registered manager to be assured as to the safety of the building, its services and equipment.

As the majority of complaints were dealt with in an informal manner and were not recorded, so the

registered manager would not be able to learn from these in assessing the quality of the service provided and in questioning their practice at the home.

The registered manager had arranged for regular families meetings. A core group of people's relatives attended the meetings. However there was nothing in place to gain feedback from people or their relatives who did not attend these meetings or from people who may not feel comfortable raising a concern in this environment. There had not been a relative's questionnaire or a questionnaire for people who lived at the home, undertaken in the previous eighteen months. There was no method used to gain the feedback from people who lived at the home, with regard to the quality of the care provided.

We saw mentioned in the notes from one relatives meeting that relatives can look at people's care files. People's relatives we spoke with did not know this. One person's family member told us, "I don't know what rights I've got to read [name's] file". Another person's family member said, "Never seen mum's care plan or been invited to contribute, or offered to look at it." We asked the registered manager to review how they involve people's relatives in on-going care planning.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The administration of medication was not consistently effective and safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not appropriate support, professional development and supervision to enable staff to carry out their duties they are employed to perform.