

ADL Plc

# The Willows

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The Willows care home is registered to provide accommodation for up to 39 people who require nursing or personal care, some of whom may be living with dementia. The home is a single storey service, divided into five units with various seating and dining areas and is located close to the centre of Barton Upon Humber. On the day of the inspection there were 23 people using the service.

We undertook this unannounced inspection on the 19 December 2016. At the last inspection on the 19 and 26 August 2015 we found a breach in regulation, which related to the operation of governance systems and auditing processes, and the availability of accurate and detailed records. The overall rating for the service was, "Requires improvement". Following the inspection in August 2015 we received an action plan from the registered provider detailing how improvements would be made including a timescale.

The service had a registered manager in post who was also the registered provider. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found improvements had been made in regard to the continual evaluation of the actions required to improve the service and the accuracy and detail of records. The registered provider had made improvements in the way the service organised information and a programme of audits were in place to enable the quality of the service to be monitored. An analysis of accidents and incidents was undertaken on a monthly basis to identify any trends or patterns.

At the last inspection we made a recommendation for the registered provider to find out more in relation to providing activities and meaningful occupation for people living with dementia. During this inspection we saw people were encouraged to take part in various activities if they wished to do so.

We found the service required improvements to two out of the five key areas at this inspection. We noted a number of maintenance issues that required attention at the service. These included toilet floorings lifting in areas, badly stained/marked toilets, plaster coming off wall and a cracked sink. We saw that two of the bathrooms had storage cabinets, which contained personal hygiene products, which should have been stored in the rooms of people who used the service to prevent cross contamination.

Staff understood the principles and processes of safeguarding vulnerable people and had received training to support them. People living at the service said they felt safe and told us that staff were good and caring. We found that medicines were stored and administered appropriately in line with current guidance. Staff had been recruited safely and appropriate checks were completed prior to them starting work at The Willows. Staff had good knowledge and an understanding of the needs of the people who used the service.

Plans were in place for emergencies like a fire or a flood and staff knew what to do in the event of an

emergency. Safety equipment, electrical appliances and gas safety were all checked regularly.

The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) although no applications had been submitted in respect of people being deprived of their liberty because this was not needed at the time of this inspection. The Mental Capacity Act 2005 (MCA) legislation is designed to ensure that when an individual does not have capacity, any decisions are made in the person's best interest and are least restrictive.

We observed that staff spoke to people positively and treated them with respect. Staff and people who used the service interacted in a friendly way and observations showed good relationships existed between them.

People who used the service had personalised care plans in place and their individual likes and dislikes were clearly documented. Risk assessments were in place together with information about people's life histories and medical conditions to help staff meet their needs.

People were given choices at mealtimes and they told us they enjoyed the meals. The atmosphere over the lunchtime period was calm and relaxed with laughter and conversation taking place.

Staff received regular supervision and an on-going training programme was provided to assist staff to increase their knowledge and skills.

There were systems in place to manage complaints and people who used the service told us they felt able to raise concerns and complaints.

The registered manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Some areas of the service required refurbishment to ensure it was safe and suitable for people living there.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

Medication was stored, recorded and administered safely.

### Is the service effective?

**Good** 

The service was effective.

People were given adequate nutrition and their health care was monitored closely by staff who worked well with community healthcare professionals, to ensure their health needs were effectively promoted.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were supported to make decisions about their care.

Staff undertook training that equipped them with the skills they needed to carry out their roles.

### Is the service caring?

**Good** 

The service was caring.

People told us staff treated them well and were kind and caring.

People's privacy and dignity were respected and people's independence was promoted where possible.

Interactions between staff and people who used the service were positive. Staff had a good understanding of people's individual

needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

A complaints policy was in place to enable people to raise any issues or concerns they had.

People received care which was personalised to meet their needs and was person centred.

A range of activities were offered which people were encouraged to participate in.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems and processes had been established to ensure the service provided met the required regulations. There was a quality monitoring system, which consisted of audits to check systems and questionnaires to obtain people's views. However, we found some areas of the service required further improvement to ensure maintenance of fixtures, fittings and flooring in some bathrooms and toilets.

The service promoted an open door policy and staff said they felt supported and could approach the registered manager to discuss any concerns or issues.

# The Willows

## 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2014.

This unannounced inspection took place on the 19 December 2016. The inspection was completed by one adult social care inspector.

Prior to the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed. Information we held about the service was reviewed and we contacted the local authority's contracts monitoring and safeguarding teams, and Health watch for any information they had, which would aid our inspection. Health watch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. The local authority contracts monitoring team provided us with information from their most recent assessments.

During our inspection we spoke with three people who used the service, the registered manager, an activity worker, two care staff and one visitor. We looked around all areas of the service and spent time observing care.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and five medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation. We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, activity records, staff training records, staff rotas, minutes of meetings, complaints, quality assurance audits and satisfaction surveys.

# Is the service safe?

## Our findings

People told us they felt safe living at The Willows and staff treated them well. Comments included, "I have been here seven years, that's got to tell you something", "I feel safe for the simple reason that every two hours someone comes and checks where everyone is and the main doors are locked at eight o'clock when the night staff come on" and "Everyone who works here is marvellous." A visitor to the service told us, "Nothing is too much trouble for the staff here."

We undertook a tour of the premises with the registered manager and saw some areas had recently been redecorated. However, there were some areas that required maintenance. Five of the toilets we looked at were in a poor condition and badly stained/marked. We saw five toilet floorings were coming away from the edges of the walls and one toilet floor was lifting behind the toilet. This meant that any water spillages would be able to leak under the floor and therefore the floor could not be cleaned effectively. One toilet had a pedal bin with a crack in the lid, the hot water tap did not turn off, the wash hand basin was cracked and an area of plaster was coming away from the wall. Another had an assisted toilet seat in place that had tape on the front of it. This meant that the cleaning of this surface could not be completed effectively.

We found a number of people's personal hygiene products stored in bathroom cabinets all together; we could not be sure who these belonged to. Another bathroom contained several bath and hand towels, which should not have been stored there and meant there was the potential risk of cross infection if these were used by different people. We found two chairs in bathrooms that had split seats and one of those had an arm missing. We discussed this with the registered manager who had the unsafe chairs and personal hygiene products removed immediately.

We looked at the registered provider's infection control policies and procedures which we saw had been reviewed in June 2016. Staff had adequate access to personal protective equipment (PPE) and we saw linen was stored appropriately on shelving in the linen cupboards. This helped to reduce the risk of cross infection. There was six domestic staff employed at the service and we saw cleaning schedules were in place, completed and signed daily in the correct places. This helped to identify which rooms had been cleaned and which had not. Each of the five units was deep cleaned once every week. We saw that peoples' rooms were on the whole clean and people who used the service told us they were happy with the accommodation and facilities that were available. One person said, "They [domestic staff] vacuum, empty my bins and change my bed every day."

We found a variety of checks and audits of equipment and the environment were carried out to ensure people who used the service were kept safe from harm. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. Equipment was regularly serviced and contracts were in place with suppliers, together with up to date certificates for utilities such as gas and electricity. Personal evacuation plans were contained in the health and safety records and a business contingency plan was available for use in emergencies, such as flooding or outbreaks of infection. We saw accidents and incidents were recorded appropriately and audited for further analysis. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the

accidents or incidents occurring again.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with three members of staff about safeguarding and the steps they would take if they felt they witnessed abuse; they were able to describe how they ensured the welfare of vulnerable people was protected through the use of safeguarding procedures. One member of staff said, "Abuse can be physical, emotional and sexual. I would go to [Name of registered manager] or ring the local safeguarding team. All of the numbers we need are in our staff room."

We saw that people who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to mobilise. Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. One member of staff told us, "We have equipment in place such as hoists and slide sheets. Wheelchairs are checked and you are always looking for any hazards so people don't fall. If someone new comes in I would always read their care plan." The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

People received their medicines as prescribed. People told us they received their medicines at regular times and that care staff administered these as prescribed. One person said, "I am never in pain, they [staff] have a paper with my photograph on it and at lunchtime I will have my medicines. I have [name of medicines] and the nurse came this morning to do my blood levels." Those medicines which required more secure storage were held in a controlled drugs cupboard and those that required cool storage were held in a fridge. We saw that up to date records were maintained for medicines that had been received and provided to people. All staff who administered medicines had received the training needed to ensure they knew how to do so safely.

We found staff were recruited safely and full employment checks were completed prior to them starting work in the service. We looked at three staff recruitment files and saw all of the necessary checks had been completed. These included an application form to assess gaps in employment, references, a disclosure and barring service check and an interview. The recruitment process helped to ensure that only suitable people were employed to work in the service.

We saw rotas which showed the amount of staff which should be on duty daily to meet people's needs. The registered manager told us they kept a constant eye on the staffing numbers and made sure enough were on duty to meet people's needs. There were 23 people using the service at the time of our inspection visit, supported by one senior and two care staff. Six of those people using the service were assessed as having a high dependency and who required two staff to move them safely. When we discussed staffing levels with people using the service the comments we received were positive. One person using the service told us, "The staff levels are good. They have two carers on and I would like to see three as it's not easy work and the staff should get a little bit more money." A visitor told us, "I have never seen a drop in the care; people are always attended to although staff do seem to have a lot of paperwork to do." We received mixed responses for staff who told us, "At the minute we are quite low in numbers so the levels of staff are okay. When numbers increase three care staff will be put on", "The numbers are about right, some days are more hectic than others and sometimes people may have to wait. The seniors will always support us with people" and "Sometimes people get a little impatient, but we explain that sometimes we are with another person and people understand. [Name of registered manager] helps out sometimes." We noted throughout the inspection that call bells were answered in a timely manner.



## Is the service effective?

### Our findings

People told us they were able to access healthcare professionals when needed. They also told us they enjoyed the meals provided by the service. Comments included, "The district nurse (DN) comes to see me three times a week and changes my dressings twice" and "The food is very nice."

People's care records confirmed they had been supported to maintain good health and access to healthcare services when required. The care plans we looked at contained a 'Monthly MOT' which recorded any involvement that had been required from healthcare professionals. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance, when people had poor skin integrity, the staff had contacted the GP and district nursing teams who assisted staff to support people to maintain healthy skin.

The staff worked closely with healthcare professionals including, GPs, district nurses and dieticians when required. Staff were able to tell us about people's health conditions and how they supported people to manage these. One member of staff told us, "One person has gluten free food and diabetes. The cook makes special bread for them and they have their own tea. Another person currently has a physiotherapist visiting as they recently had a hip operation" and another said "We have a lot of district nurses come in to do peoples dressings and some people are diabetic and have insulin."

People who used the service were provided with a varied diet. We saw people's food preferences were recorded in their care plans along with their likes and dislikes and any support they required. For example, one person's care plan stated, 'I take a normal diet and use normal crockery and utensils.' One person using the service told us, "You always get a choice of food, today we have had sausage, chips and peas and at tea time we will have a variation of sandwiches. They [staff] will ask you what you want in them and the day before they ask you if you want anything different."

The food on the day of the inspection looked appetising and well presented. The majority of the people who used the service sat in the dining room to eat their meal. This was observed to be a social occasion with lots of chatting between themselves and the staff. The dining room was pleasantly set out. People were offered a cold drink with their meal and then a hot drink to follow. Staff discreetly assisted those people who needed help to eat their meal in a kind and sensitive manner.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In discussions, staff were clear about how they gained consent from people prior to carrying out tasks, and what they would do if people lacked capacity to consent. Comments included, "We have to help people to make their own decisions even if you know what they want, you still always ask them" and "If someone can't make a decision for themselves this has to be done in their best interests with other people involved."

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that no applications had been made to the supervisory body at the time of this inspection.

Throughout the inspection we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves.

Care plans recorded when a relative had power of attorney (POA) for their family member. A Power of Attorney is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and / or decisions about finances), on a person's behalf. We saw it was recorded in the front of people's files where they had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR), or if it was in their best interests not to be.

People were supported by a staff team who had the opportunity to develop their skills and knowledge through training. The registered manager told us they had been working with the local authority contracts team and staff training was now up to date. Records showed that staff completed an induction and had access to a range of essential training and also training specific to the needs of people who used the service. This included safeguarding adults, first aid, health and safety, fire, MCA/DoLS, nutrition, end of life and dementia. Staff told us they received training to help them develop their skills and effectively meet people's needs. Comments included, "Yes I have done training although sometimes I feel it is a little bit rushed" and "I do like the tops ups we receive in training as you can tend to forget it. I have done dementia training and it teaches you that you have to listen and respect the person more. People are more forgetful and may forget their families. We will show people picture of their families as a reminder, and this usually helps."

Care staff we spoke with told us they received support and that communication from management was good. One told us, "I feel confident and everyone is quite easy to talk to" and another said, "I feel I could speak to my senior and I would like to think this would be kept confidential." We saw from records that staff received supervision; this afforded them the time to discuss any work related issues or practise issues. One member of staff told us, "I have supervisions usually once per month" and another said, "I have had a supervision since I started, we talked about how I'm getting along and did I have any safeguarding issues. I am happy with my support."

Staff had systems of making sure relevant information was passed on the next shift, this included information about changes in people's needs, the outcome of any hospital appointments and the people's general wellbeing. Time was taken at each shift change over to ensure this information was passed on and observations continued.

We looked round the environment and saw that the registered provider had considered the specialist needs of people who used the service and attention had been paid to supporting people with dementia. For example, there was pictorial signage as prompts to locate toilets and bathrooms and peoples bedrooms had signs on the door with their names on.

# Is the service caring?

## Our findings

People who used the service told us staff were kind and caring. They also said staff respected their privacy and treated them with respect. Comments included, "There isn't a bad one among them [staff]. They [staff] will do anything you ask of them, they will even get things for you when they are on their days off and bring it in" and "They [staff] always knock on my door."

A visitor we spoke with told us they had observed good care and staff respecting people's privacy and dignity. They said, "Staff here are caring and they comfort people. People are always smart and never scruffy. I have never noticed any smells and if anyone has an accident the staff sort it out straight away. I feel very comfortable coming here."

We saw overall that people were dressed appropriately and appeared well cared for, with the exception of one person we spoke with who had dirty nails. We brought this to the registered manager's attention and this was addressed. One person using the service told us, "These people [staff] have done their utmost to help me and the care and safety is top notch." A member of staff told us, "We don't really have lots of time to spend with people but after two o' clock until tea time it is quieter so we can sit and have a chat with people."

We saw that visitors and healthcare professionals came to the service throughout the day and were made welcome by staff. It was apparent they had a good relationship with the staff and managers. One person who used the service told us, "My visitors come at any time they want to, my friends are free to come whenever they like."

We saw people who used the service and staff interacting in a positive way. Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. The atmosphere was relaxed and we heard conversations and light hearted banter taking place throughout the day. When people asked questions staff responded and provided reassurance when needed. Staff were patient and took their time in explaining things to people and support was delivered in a sensitive and unrushed way.

Care records prompted staff to respect privacy, dignity and independence. For example, one person's care plan stated, "I remain independent with all aspects of my personal grooming. I am quite private regarding this." Staff told us they read people's care plans and in discussions with them it was clear they knew people's needs well. One member of staff told us, "We know about people by looking through their care plans" and another said "[Name] reads every day and [Name] likes to play music every morning in the lounge."

Staff understood the importance of maintaining people's privacy and dignity. They told us, "We always keep the doors shut and always knock on people's doors" and "We will close peoples curtains and always ask them if things are okay." People were supported to maintain their independence. One member of staff we spoke with said, "[Name] likes to put their own make-up on every morning" and another said "[Name] does

everything for herself as does [Name]."

People's care plans showed they or their representative had been involved with its creation. People who used the service had signed to agree its contents. It was recorded in people's care plans if they could make decisions for themselves and if they couldn't who had been appointed to do this on their behalf. One person using the service told us, "I have read and signed my care plan and it's all above board."

We saw a variety of information was provided on notice boards and in corridors around the service. This included information on advocacy services, how to make a complaint and fire procedures. One notice board in the entrance area was very large and contained lots of material. It was unclear who this information was for. We discussed this with the registered manager who told us that people using the service sometimes chose to sit in the entrance area and that the information was available for them and visitors/relatives. We discussed reducing the amount of information to make it more clear for people. The registered manager agreed to address this.

Staff understood the importance of keeping people's information safe and not allowing unauthorised access to it. One member of staff told us, "We keep peoples records locked up and always do our handovers in the staff room." Care plans were kept locked away and other confidential information only accessed when necessary, for example staff recruitment and supervision records.

## Is the service responsive?

### Our findings

At the last inspection on the 19 and 26 August 2015 we made a recommendation about the provision of activities for people living with dementia. At this inspection we found improvements had been made.

The service employed an activities co-ordinator for nine hours each week over three mornings. They told us they had adequate provisions and could purchase items to be used for activities if they wished. They also told us, "I get a lot of support from the carers, if we have an activity on the staff will help. The carers do activities with people at two o'clock in the afternoons" and "I have set up more of a format for activity and I did a dementia course after the last inspection. I do a lot of memory games where I get out objects on a table and then take them away, we do a lot of colouring, play board games and do jigsaws which people like and I go around lounge to lounge."

People who used the service told us there were activities for them to participate in if they chose to. One person said, "A lady comes in and does exercises and skittles and you can play cards or dominoes." We saw an eight week picture activity plan that included one-one activities such as knitting, jigsaws and feeding the fish in the pond. Each person had an 'activity diary' that included what activities the person had chosen to take part in such as, zoo labs, church services, playing records, snakes/ladders, music and movement, remembrance and crafts. On the day of our inspection a hairdresser was visiting the service to style people's hair and we saw people were being supported to open and read the Christmas cards they had received.

Some of the people who used the service spent some of their time in their rooms. They told us this was by choice as they preferred this. One person using the service told us, "I have everything I need in here [their room] and sometimes stay in here and play my music" and another told us, "I've got my mouth organ I like playing and I like to watch [Name of TV programme] and some sport like football, cricket and horse racing." When we spoke with staff they told us they were aware of people choosing to spend time in their rooms and made sure they had contact with them on a regular basis. One member of staff told us, "There is one lady in her room who doesn't like to do activity and just likes us to sit and have a chat."

Before people came to the service an assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as, nutrition, hygiene and grooming and mobility. The care plans we reviewed contained person-centred information and included individual information about a person's previous lifestyle, medical background, how best to support the person, likes, dislikes and preferences. For example, one person's care plan specified they liked to sleep in a normal bed with two pillows and a duvet. It also recorded the person liked to wear smart trousers and a sports shirt.

We found that the care records did reflect people's current care needs and as people's needs changed their records were reviewed and updated. For example, one person's care plan had been updated to reflect changes in their mobility and the aids used to support the person with this. This helped to make sure people received the care and support they required.

People told us they had a choice and were involved in how they wanted their support to be provided. One person using the service told us, "You have your own freedom and can walk around where and when you want to. Some people watch TV of an evening and some people choose to go to bed" and "There are no restrictions, if I wanted something and they [staff] could do it, they would."

People told us the service was good at responding to their needs. One person said, "I couldn't walk when I first came here [the service] and the carers and physiotherapy have done a marvellous job and got me walking again." A visitor told us, "They [the service] have catered for me as I used to work in a room that was very small. They put me in another room and had a sink fitted for me to use. I feel very comfortable coming here [the service]."

A complaints procedure was available to people and their relatives. Records showed that complaints had been responded to appropriately. People we spoke with said they had no complaints to raise. Staff told us if people wanted to make a complaint they would inform senior staff would deal with the issue. One member of staff said, "If it is something I could help with I would try and if not I would ask the senior to help." A person using the service we spoke with said, "I would go and say what my complaint was and take it straight to them [staff]. I would hope and be confident they [staff] would listen."

## Is the service well-led?

### Our findings

At the last inspection on 19 and 26 August 2015 we judged the registered provider required improvements in the operation of governance systems and the availability of accurate and detailed records. Systems and processes to measure the quality of the service had sometimes failed to identify and continually evaluate the actions required to improve the service.

At this inspection carried out in December 2016, we found improvements had been made to the management of records and paperwork. The registered manager was able to source all documents requested and all files we looked at were organised to enable easy access to relevant documents.

We looked at the systems in place for monitoring the quality of the service. The registered manager observed and monitored the quality of service on an annual basis. A range of audits were carried out throughout the year to help assure the quality of service provision, such as; training/supervision, health and safety, infection control, medicines, complaints and care plans. Support visits were completed at the service by the organisations area manager and we saw any actions identified at these visits were recorded and completed. For example, we saw the records from the visit completed in November 2016 had identified peoples care files required an admission sheet. This had been completed. The records from the visit completed in October 2016 had identified that a lounge and some bedrooms required new chairs; this had also been addressed.

We looked at accidents and incidents and saw these were now monitored on a monthly basis for further analysis. We checked and reviewed a selection of accident/incident paperwork and saw these contained the details of the accident/incident, any first aid required, and any action taken in response. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again. These findings demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 17.

The registered manager told us they were currently working with the local authority's performance team to develop the service and we saw records from the November 2016 visit where people's care plans had been audited and notifications were checked.

We checked how the registered provider monitored the maintenance of the service and saw day to day repairs were recorded with details of the date, fault, area of the service and the date for completion. We saw the maintenance file contained records of 20 different checks of the service, such as, bath thermometer checks, bedrails/mattresses, window restrictors, pest control and lifting equipment. We saw these were completed appropriately. For example, we saw the nurse call system was checked in December 2016 and the batteries had been replaced in the system. The next change for the batteries was recorded for completion in June 2017.

We saw some refurbishment of the service had taken place since the last inspection, which included re-decoration of communal areas and bedrooms in four of the five units and new flooring in two of the toilets

in one unit. However, we noted some areas of the service still required further maintenance such as fixtures, fittings and flooring in some bathrooms and toilets. We discussed our findings with the registered manager during the inspection, who told us they were aware of the shortfalls in some areas and there was an on-going programme of refurbishment in place. After this inspection we were provided with the service refurbishment plan which included planned upgrades of the bathrooms and toilets in all of the units, beginning in February 2017.

We saw that surveys had been undertaken in 2016 with the people who used the service, their relatives, staff and health care professionals. The results of these surveys had been collated into 'What you said' and 'What we did' evaluations. For example, we saw in the residents/relatives questionnaire a suggestion had been made for jugs of water and glasses to be provided in the lounge areas. We saw this had been addressed and were available during this inspection. This meant people were able to share their views and make suggestions to help the service develop and improve.

During our inspection the people we spoke with told us they were happy with the service they received. We observed the registered manager was available for people and staff to speak with and also worked on the floor alongside care staff, to ensure they were able to meet people's needs. One person using the service told us, "They [staff] give you a survey and I always put that I am satisfied."

At the time of the inspection the registered manager told us they tried to maintain an open door policy. They told us they received support from their area manager, the registered provider and the staff team to maintain the running of the service. The staff told us they thought the registered manager had done a good job of managing the service. Comments included, "I am happy with the support I get and I would like to think the manager would listen. My senior has told me I am doing a good job" and "The manager is approachable and does help us on the floor."

We asked people who used the service what the culture of the organisation was like and one person said, "It is comfort and respectability and the food is excellent." Staff comments about this included, "We all tend to get along and I like working with who I work with. It has changed in the last seven years, we used to have an allowance and get paid extra for working Christmas, but we don't now. We get a turkey and wine at Christmas" and "Every staff member gets a turkey or salmon and a bottle of red or white wine at Christmas, although we don't get any bank holiday payments anymore."

Our observation of the service was that the people who used it were treated with respect. The registered manager was honest and co-operated with us during the inspection. We asked the registered manager about how they kept up to date with best practice guidance. They told us they received information from the local authority and the organisations head office. They also told us they received monthly visits from the area manager that provided advice.

The service's statement of purpose included aims and objectives which focussed on providing quality care, independence and choice. We found these aims were met in practice.

The registered manager was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service and in completing the Provider Information Return (PIR) when required. We received notifications and the PIR in a timely way.