

HC-One Oval Limited

Monmouth Court Care Home

Inspection report

Monmouth Close
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Monmouth Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service provides nursing care.

Monmouth Court Care Home accommodates up to 153 adults, the majority being older people, some living with dementia. The service had a main office building where the registered manager, resident experience manager, receptionist, kitchen, hairdresser and laundry were based. There were additional units on site, 20 people lived in each of the open three units, Cilgarren, Powys and Harlech. Harlech provided care to people living with dementia. Some people living with dementia also lived in Cilgarren and Powys.

There were 60 people living in the service when we inspected on 23 and 25 April 2018. This was an unannounced comprehensive inspection.

This service had previously been owned by another provider, it was registered under the current provider in January 2017. This was the service's first inspection under the new provider.

There was a registered manager in place. 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.

There were systems in place to provide people with a safe service. Staff were trained and understood how to safeguard people from the risk of abuse. Risks to people were assessed and staff were provided with guidance about how to minimise risks. The numbers of staff required to meet people's needs were calculated and staff recruitment processes were robust. Medicines were managed safely. There were infection control systems in place to reduce the risk of cross contamination. Where incidents had occurred the service learned from them and used them to drive improvement.

Staff were trained and supported to meet people's needs effectively. People had access to health professionals when needed. People's nutritional needs were assessed and met. Staff worked with other professionals involved in people's care to provide people with an effective and consistent service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The environment was appropriate for people using the service.

People were treated with care and compassion by the staff. People's privacy and independence was promoted and respected. People were listened to and their views about how they wished to be cared for were respected.

People's care was assessed, planned for and met. Care records guided staff in how people's preferences and

needs were met. People had access to social activities to reduce the risks of isolation and boredom. People's choices were documented about how they wanted to be cared for at the end of their life. There was a complaints procedure in place and people's complaints were addressed and used to improve the service.

The quality assurance systems helped the provider and the registered manager to independently identify and address shortfalls in the service. As a result the service continued to improve.

The service had systems in place to monitor and improve the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to minimise risks to people and to keep them safe from abuse.

The staffing levels were assessed to provide people with the care and support they needed. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

The service had infection control policies and procedures which were designed to reduce risks to people.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

The environment was suitable for the people who used the service.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and met. People's end of life decisions were documented. People were provided with the opportunity to participate in meaningful activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Good ●

The service was well-led.

The service's quality assurance systems supported the provider and registered manager to identify shortfalls, and address and learn from them.

The service provided an open culture. People were asked for their views about the service and these were used to improve the service.

Monmouth Court Care 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 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 unannounced comprehensive inspection took place on 23 and 25 April 2018 and was undertaken by one inspector and an expert by experience on both days. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 13 people who used the service and 12 relatives. We observed the interaction between people who used the service and the staff throughout our inspection.

We looked at records in relation to six people's care. We spoke with the registered manager and 10 members of staff, including the resident experience manager, unit managers, nursing, care, activities, domestic, food servers, the receptionist and the chef. We also spoke with a visiting health professional. We looked at records relating to the management of the service, three recruitment files, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "Yes I am safe, the night staff are in control of safety at night and I have got a buzzer." They also told us that they had a facility in their bedroom to store their belongings securely. Another person commented, "I feel safe. They check the doors at night, press the button and they come within five minutes, only once have I waited longer." One person's relative told us, "Excellent, brilliant here, doing everything well, and I am quite happy to leave [family member] here as [they are] in good hands." Another relative commented, "Staff really care and look after [family member] very well, [family member] is safe and there are always two of them when they move [family member]. I come every day and staff will answer any of my questions."

Staff had received safeguarding training and understood their responsibilities in mitigating the risks of abuse. Where a safeguarding concern or incident had happened, the service had taken action to reduce the risks of future incidents and used them to drive improvement. This included disciplinary action, further training for staff and seeking advice and guidance from health professionals. This showed that the service had systems in place to learn from incidents.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. Where people were at risk of developing pressure ulcers systems were in place to reduce these, this included seeking support from health professionals and the use of pressure relief equipment. We reviewed records where people required support to move their position to reduce the risks of pressure ulcers developing. When people remained in bed these were completed in line with the recommended timescales in their care plans. One person's relative told us, "I can read [family member's] notes in [their] room, say they turn [family member] right [side], then left, then on back. They are absolutely marvellous." One staff member said, "We are more modernised now, got new air and foam mattresses." The registered manager told us that they had pressure relief equipment in place if they were needed.

Where people were at risk of falls actions were taken to reduce future risks. This included risk assessments which guided staff on how risks were reduced, such as referrals to health professionals to obtain guidance and the use of equipment to alert staff if a person was attempting to stand without assistance.

Risks to people injuring themselves or others were limited because equipment, including hoists, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Portable electrical equipment had been checked to ensure they were safe. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service need evacuating.

People told us that they felt that there were enough staff in the service to support them. One person's relative said, "There are more staff here now, really attentive younger staff. I am really pleased for [family member] to be here." Another relative commented, "Always seems enough staff." Another relative told us,

"They check [family member] every hour, plenty of staff, even on Sundays there are plenty of [staff] around."

One staff member told us, "We did have an issue on staff being stretched leading up to Christmas and they gave us an extra member of staff and resident numbers have gone up. We work well as a team." Another staff member said, "When staff are sick we phone our own staff, then agency but rarely are we short staffed, it has improved a lot." Another staff member commented, "It has got a lot better, staffing is a lot better, we are not using as much agency which is better for the residents."

People told us that when they called for assistance this was attended to promptly by staff. One person said, "They treat us well, I call and they come, worst wait is 15 minutes, mornings when getting people up." Another person said, "Very good here, can call anybody when I want the, waiting is only a few minutes." Another person commented, "Buzzer they come quick, if they don't come quick they apologise when they come in, they definitely treat me respect."

We observed that call bells were present and located within people's reach. Call bells were answered in a timely manner and staff were prompt to support people when they needed assistance. The receptionist showed us the print outs from the call bell system and told us that the registered manager monitored these and addressed incidents of call bells not being answered quickly. We saw that staff visible throughout our inspection and no people were left for periods of time without interaction.

The registered manager told us how the service was staffed to meet people's needs. This was confirmed in our observations and records. The registered manager told us that they used a system to calculate the required numbers of staff to meet people's dependency needs. If people's needs increased the staffing was adjusted. The resident experience manager told us that recruitment was ongoing and interviews were planned. We saw notices in the service offering existing staff an incentive to recommend a friend to work in the service.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "If in pain I get tablets, have tablets every meal time, none missed."

Records showed that staff who were responsible for administering medicines had received training and competency checks. Staff who were responsible for giving people their medicines did this safely. MAR were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's records included information about their prescribed medicines and the support they required to take their medicines.

Where people were prescribed medicines to be taken as required (PRN). Records included protocols which guided staff when these PRN medicines were to be administered. Where people were prescribed topical medicines, such as creams, there were body charts in place to guide staff where on the person's body these were to be administered.

Medicines were kept safely in the service and there were safe systems in place for the ordering and disposal of medicines. Regular audits were undertaken which supported the registered manager to identify discrepancies and take action to address them. This included further training for staff.

People told us that the service was regularly cleaned. One person said, "We are looked after very well, they Hoover every day, my sink is clean, room is always kept nice and clean." One staff member said, "The company that have taken over have gotten us all different chemicals and now we use much less of them and I think they are much better."

There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. These were available throughout the service to allow access. There was hand sanitiser around the service and we saw staff using this to cleanse their hands, including during medicines administration, serving food and when they had accessed the sluice when showing us around.

One staff member said, "Everything now, since we were taken over, is of a higher standard, cleaning of the rooms. We have been told everything has to be of a high standard." Another staff member said, "Everyone gets their own wheelchair specialised for them, no sharing of wheelchairs, they have their own slings in their rooms just for that person." The service was clean throughout. We checked equipment including wheelchairs which were clean. Records identified that cleaning of the service was completed, including mattresses and equipment. Infection control audits were undertaken to ensure that the risks of cross contamination were reduced. Staff had received training in infection control and food hygiene. The service had achieved the highest rating in their recent food hygiene inspection by the local authority.

Is the service effective?

Our findings

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. Discussions with the registered manager and staff, and records showed that the service worked with other professionals involved in people's care to ensure they received a consistent and effective service. This included the commissioners for services and health care professionals.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person said, "Surgery nurse comes most weeks but the last few weeks the doctor himself has filled in, optician came, don't need dentist." One person's relative told us, "They ring if the doctor comes even though they know I am coming in, they answer all my questions." Another relative said, "[Family member] saw the doctor couple of weeks ago as was sleepy, getting a chiropodist appointment."

Records showed that where there had been concerns about a person's health, they were referred to health professionals and any advice and treatment was recorded. Where people moved between services, for example if they required hospital admission, care records included important information about the person which would be transferred to hospital with them, including if they wished to be resuscitated.

People told us that they were provided with choices of food and that the quality of the food was good. One person said, "Food is perfect." Another person commented, "Food is alright, have scrambled eggs, I like plain food." Another person told us, "Very good, get choice of two dinners, they give me soft food as have no teeth." Another person said, "Get plenty of fresh fruit, I like my food, they do me cheese on toast, cheese omelette, they go out of their way." Another person commented, "They had no prunes but have given me a litre of prune juice, food is very nice...they seem to be very obliging." Another commented, "Beautiful food, good quality." We saw that people's choices were respected, for example for one meal where there were two options on the menu, we counted five different meals being enjoyed by people.

People's relatives told us how they felt that their family members were provided with a diet which met their needs. One person's relative told us, "[Family member] was not eating and now [they] eat everything in sight, it is the excellent care [they are] getting." Another relative said, "Food is very good, excellent, always a choice of two meals. [Family member] is diabetic but there is always a desert for [them]."

Meal times in all of the units were a positive social experience for people. We saw that staff offered lots of encouragement to eat and staff were available to assist those that needed help. People chose where they wanted to eat and before any assistance was provided people's consent was gained first. People living with dementia or those who were unable to make choices from the written or verbal menu were shown plated meals to assist them with their meal selection. We saw that people were provided with equipment to assist them to eat independently, such as plate guards.

We saw that there were snacks available for people throughout our inspection. For example, in Harlech where people lived with dementia, there was an area in the communal area which was decorated to look like a shop. On the counter there was chocolate, sweets, crisps and fresh fruit attractively displayed that

people could help themselves to. One staff member told us, "Break time I take fruit, yogurts, crisps, chocolate and sweets. Those in their rooms are given a choice too. One resident likes milk so [person] has two big glasses of milk in their room." One staff member knelt in front of a person assisting them to have small bites of a snack. In the other units snacks were also available for people to help themselves to. In addition the food server offered people snacks.

People told us that they got plenty to drink to reduce the risks of dehydration. One person said, "I get a lot of drinks, got a drinks dispenser in the lounge and drinks are lovely and cold and I help myself." Another person commented, "Got enough drinks, got jug, three coffees a day." One person's relative told us, "[Family member] always has a drink, had jellies and water fruit like melon, oranges, got fruit and snacks for them to help themselves and for relatives and families." Another relative said, "There are always drinks, water, blackcurrant, orange, tea and coffee, anything you want."

At mealtimes, the care and nursing staff fed back to the food server how much people had eaten. This was recorded on food charts which enabled the staff to monitor the amount of food people had eaten. For those who were assessed as not at risk from malnutrition or dehydration, there were records kept if people had not eaten. The staff member told us that, for example, one person had not yet got out of bed and had not wanted to eat, so this was identified on the records and the catering and care staff were aware that the person had to be provided with something later. A member of the food service staff told us that as part of their role, they had to check people had drinks regularly, make sure that their drinks were in their reach and topped up. This included people who chose to stay in their bedrooms.

People's records included information about how their dietary needs had been assessed and how their specific needs were met. If there were risks identified relating to eating and drinking there were risk assessments in place to show how the risks were reduced. This included people who were at risk of choking or malnutrition. Where required, other professionals were contacted for guidance and support to meet people's needs, such as a dietician or the speech and language therapy (SALT) team.

Staff spoken with, including the food servers and the chef, understood people's specific dietary needs and how they were met. This included people who required a softer diet and those who needed a fortified diet and drinks to boost their calories and maintain a healthy weight. The chef told us how they spoke with people and staff regularly to receive feedback about the menu and if any changes were needed. This was confirmed by a staff member who said, "Got a comments book and I write if a meal is a bit sloppy, or if all enjoyed it and the chef comes every few days for feedback."

People told us that the staff had the skills to meet their needs. One person commented, "I like it, am very well looked after by all the staff and I can have a laugh and joke with all. They know their jobs, agency are good but not like the regular staff." One person's relative said, "Very good, it is the cleanliness and the staff professionalism that makes it good and staff are welcoming, they are worth their weight in gold."

There were systems in place to ensure that staff were provided with training and support and the opportunity to achieve qualifications relevant to their role. Staff told us that they were provided with the training that they needed to do their job. This included training in safeguarding, medicines, moving and handling, fire safety, health and safety, dementia and equality and diversity. One staff member said, "Done manual handling, hospice palliative care, waiting on nutrition training."

New staff were provided with an induction course, which included training such as safeguarding and moving and handling. Where new staff had not completed a recognised qualification in health and social care, they were supported to complete the Care Certificate. This is a recognised set of standards that staff should be

working to.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had. A nurse told us that they received regular clinical supervision and there were systems in place to keep their nursing registration updated, including continual learning.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. Staff had received training in the MCA and DoLS. We saw staff asking for people's consent, for example a staff member asked a person, "[Name of person] may we weigh you?" When the person gave their permission they took them to be weighed. People told us that the staff asked for their consent before they received any care.

Care records included information about if people had capacity to make decisions and documents had been signed by people to consent to their care identified in their care plan. The records included best interest DoLS assessments, which stated if people required to have DoLS in place and any best interest decisions.

People were complimentary about the environment and how it met their needs and choices. One person said, "Now it is a joy to be here, it is down to the staff they are always pleasant, decorated the corridors last year and did the lounge and dining room. Changes made it different and now feels comfortable and nice now." Another person said, "Two days after moving in they put my pictures up, brought my own tv, settled in quickly." One person's relative commented, "[Family member's] room was painted, new carpet and made it like [their] bedroom at home. I brought [family member's] own bedding and cushions, it is lovely in here."

Records showed that safety checks were undertaken as required, including electrical and gas safety. People's bedrooms included items of their personal memorabilia which reflected their choices and individuality.

The environment had communal areas that people could use, including lounges and dining area. There were areas in the service where people could see their visitors in private.

The facilities was designed and adapted for use by people with limited mobility and users of wheelchairs. For example, bathrooms had wide doors, and grab rails in the corridors and bathrooms.

People's relatives and staff told us how improvements had been made, since the new provider had taken

over, in the unit where people lived with dementia. The registered manager told us about the improvements made in the unit to improve people's wellbeing. They said, "It has changed dramatically, [food server staff member] does wonders and is so creative, decoration has changed in here and dementia residents need colour hence the bedroom doors. The colour green on the lower walls is the resident's/relative's choice, dining room is less cluttered, knocked down wall and it has opened the lounge up, got new blinds and matching scatter cushions, new material wipe able armchairs." There was a servery counter in place so that people could not burn themselves on the hot trolley. One staff member told us, "So different on Harlech now, residents bedroom doors are coloured, larger name signs on their doors..., we have put things on the walls like the underwater shells and plants, dog grooming things so that people with dementia can touch them and see them, they like different textures." A person's relative confirmed this, "Lounge is so much better with the wall down, so much brighter and breezier and better ambiance. [Food server] makes all the pretty things in the lounge and changes them with the seasons and themes."

There were gardens which people could use. One person told us how they liked looking out to the grounds from their bedroom where they could watch the wildlife. One staff member said, "Environment is good, we interact with residents and we like to go outside and take them for a walk, or sit in the garden when the weather is good."

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said, "Carers are very good and don't rush me, I would give them nine out of ten." Another person told us how they had been treated with respect and kindness, "Everything seems to be very nice, everybody seems nice, got [equipment used] and I rang in the night... I said sorry to them and they said it is our job, they were kind to me, didn't sleep much last night so staying in bed resting today." Another person commented, "Staff in general are very good, have pretty good relationship with them, we have a lot of banter, they ask me about things or want some advice." One person told us about an example of when the staff had been caring and supported them, "They reassured me, little things like that mean a lot to me." Another person said, "It is lovely, could not wish for better staff, they are so kind and caring, marvellous, the manager is lovely and joins in."

One person's relative told us, "They talk to [family member] and always tell [family member] what they are going to do and treat [family member] with dignity. Excellent communication and they always ask after me." Another relative said, "[Family member] had an accident yesterday, I apologised and they said not to worry and told me that is why there are here for [family member]. They gave [family member] another bath, they were marvellous."

People's relatives told us how they felt that their family member's personal care needs were met appropriately which respected their dignity. One relative said, "[Family member] is always clean and tidy, they launder [family member's] clothes every day." Another relative commented, "I come practically every day, [family member] is always washed dressed and ready to see me just after 11am. [Family member] is always clean and tidy." Another relative told us, "Staff are lovely, [family member] is still settling in, they wash [family member's] hair and it looks lovely, [family member] is always well presented."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff talked about and with people in a caring and respectful way. This included positioning themselves at people's eye level to engage in effective communication. In addition we saw that the staff used appropriate physical contact to aid their communication and show people that they mattered, such as stroking their arm or holding hands.

There was a good atmosphere with lots of laughter, people and staff were singing and dancing. There was lots of one to one time spent with people which gave them quality time. All interactions were done with compassion and kindness. We saw a staff member do a long and complicated hand shake with a person each time they greeted them. This was clearly something they did regularly. The person's relative laughed and told us, "Look, they have their own handshake."

We saw examples of good practice which demonstrated that the staff knew people well and provided a caring service. A person was being assisted to move by two staff members using equipment. They said to the person, "Walk your feet on, on your motor bike handles then." The person did a revving motion with their hands as if riding a motorbike, and this made the person and the staff laugh at their shared joke. One person

who was living with dementia, was unsure of where they were, we saw a staff member stop what they were doing and said to the person, "You say don't know where you are, don't worry I forget things too, you used to walk your dog in the park next door didn't you?" They then linked arms and walked off chatting. A staff member said to a person, "You coming to the hairdressers today? Just going to get a blanket for you, lets pop your cardigan on, a little chilly out there."

People's records identified how people's privacy was to be respected. We saw that staff knocked on bedroom and bathroom doors before entering. One person said that the staff, "Always knock and I say come in."

People told us how their independence was promoted and respected. One person said, "[Staff] wash and dress me, got my electric chair which is very helpful. [Staff] are very nice, I do my face and arms and my feet on a chair, I am very independent and like to be on the go." People's records identified the areas of their care that they could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they were eating and mobilised. One person who had a wheelchair to mobilise, but chose not to use it to sit in but pushed it. Staff told us that this was the person's choice, "We know there is a risk of falls and [person] does fall sometimes but it is [person's] choice."

People told us that they made choices about their daily lives and the staff acted in accordance with their wishes. One person said, "I have a bath once a week, very nice and always a [gender] carer which I asked for, often say do you want to spend few more minutes in the bath...Last night I did not like the feel of the sheet on my bed felt like nylon and I asked for a cotton sheet and they changed it no problem what so ever." Another person commented, "I choose what time I get up, when I go to bed, and I shower once a day." They told us that they did not like to shower in the morning and they were supported later in the day. We observed a staff member respecting a person's choice in the morning at 11:30am. They said to the person in their bedroom, "Hello [person], are you ready to get up or do you want to stay in bed?" The person chose to stay in bed and their choice was respected.

People told us that they contributed to the planning of their care, including in the drawing up of their care plans and their care reviews. One person's relative told us, "I am happy with the care. Care plan is reviewed regularly, I read it and sign it and they asked if I was happy with care." People's records included their choices and usual routines, such as how they preferred their personal care to be delivered and their preferred form of address. One person told us about their love of sailing, we saw that the staff called this person, "Captain" which they responded to. This demonstrated that the staff knew them well.

People told us that they could have visitors when they wanted them. Records included information about the relationships that people maintained which were important to them. Staff and relatives told us that people's family members were offered meals when they visited. One relative said, "I am asked every day if I would like a meal." Another relative commented, "They set up a table for us [three relatives] and [family member] to have lunch together, you get a good feeling when you come into this place." Another relative told us, "I can go to the kitchen and make a cup of teas and the days I come they always give me a meal." Staff told us about people who had developed friendships with other people in the service.

Is the service responsive?

Our findings

People told us that they felt that they were cared for and their needs were met. One person said, "One person said, "I would be telling a lie if I said anything was wrong." A person told us about changes in their needs and how the staff had responded quickly to support them. A staff member explained how the changes were affecting the person's wellbeing and they were not coming out of their bedroom, so they had telephoned an organisation to gain equipment which would enhance the person's wellbeing. During our inspection this was delivered and we saw the person was able to take part in the communal activities and living. The person said this had supported them to, "Now getting back to normality."

Staff were responsive to people's needs to improve their wellbeing. One person's relative told us, "It is good, they have gotten [family member] out of bed and sitting in a chair and into the lounge, it's good care." Another relative said, "[Family member] came from hospital after Christmas and was not eating and not drinking and had to ask the doctors to allow [family member] to come back here. Staff kept giving [family member] sweet tea, getting a little into [family member] each time and they definitely got [family member] back to health." We saw a staff member assisting a person when they were struggling to eat a meal. They said, "I am going to get you another table for you so that you can eat your breakfast easily," they provided this which allowed the person to eat their meal independently.

One person's relative shared an example of how their family member was receiving personalised care, "They let [family member] keep [their pet] and all the other residents love it." The person confirmed what we had been told and they said that they were happy about this and, "The manager said [pet] is the home mascot."

People's care records detailed how their specific care needs were assessed, planned for and met. They provided staff with guidance on how people's needs and preferences were to be met. There were some areas for improvement identified in three of the records. However, the service were completing new care plans on the new provider's documentation and there was a clear timescale in place for this to be completed. We fed back our findings to the registered manager and were assured this would be addressed. Daily records identified the care people had been provided with to meet their needs and preferences and including how they presented, such as if they were happy. This enabled staff to identify if there were any changes to people's wellbeing.

Each unit had an activities staff member, as well as these staff members, the food server and care staff also did activities with people. One of the food servers told us that when they checked that people had enough to drink, including people in their bedrooms, they chatted with people to ensure that they received interaction. They also said that they were trained as a care staff member so could assist where needed.

People told us that there were social events that they could participate in, both in a group and one to one basis. One person said, "Like my knitting, puzzles and this morning I joined in the card games in the lounge, the garden party was good." Another person said, "Activities [staff] is a lively character, plays old thyme music, quizzes... A carer taught me to knit with one needle and gave the wool and needle to me after seeing me doing my crocheting." There had been a recent garden party for the care home's open day.

One person's relative said, "[Person] does flower arranging, there is always something on and someone comes from the church once a month." Another relative commented, "They took [family member] to the Farm Park, was lovely for [family member] as long time since [they had] been out, I was really pleased [family member] was taken." Another relative told us, "[Family member] goes to the day room, likes bingo, sing song, karaoke, knitting and crochet, and pub, weekend garden party, I have done quiz along with [family member]. Always something on in the day room." One visiting health professional told us, "Usually they are always doing activities, engaging the residents, never seen anything untoward...residents and staff are chatting."

There were notices and photographs in the service about the activities provided. However, the photograph displays may benefit from having the date added so visitors could see when the activities place and to aid people's memory. There was a recent outing to a local farm and visits to the service by pygmy animals.

There was a competition ongoing with people trying to grow the tallest sunflower, with prizes being awarded for the winning entry each month. There were activities for traditional events including mothering Sunday, Easter egg hunt and party, VE day, and harvest festival. The pub club included games, drinks and food and was held weekly. A programme of activities was displayed in each unit and included pampering, games, quality one to one time, quizzes, film club and games. There was a planned part of the upcoming Royal wedding. We saw staff discussing with people what they thought the name of the new baby prince would be. There was lots of chatter and suggestions. Every Wednesday people could have their hair styled. This was held in the main office block in a hairdressing room. We saw that people had appointments and talked about going to the hairdressers.

We saw people undertaking activities, in groups and individually, which provided people with quality time with staff. This included games, quizzes, puzzles, singing, dancing, hand massage, card games and jigsaws. There were lots of arts and crafts items in all of the units on display which people had made. People were also supported to undertake activities which were meaningful to them and promoted their independence. We saw a person, who was living with dementia, washing their bedroom floor. Staff told us, "[Person] thinks it is [their] job." Another person was walking around, they told us that they were at work. We saw that the staff did not restrict the person and when they entered the office, staff communicated with them as though they were at work, by asking what they should do next and if they needed any help. One person told us, "I run some of the activities, do a quiz every week and we have a house lottery for bingo funds and I do the draw every week."

Staff used opportunities to engage people in conversation. This included when they were recording in care records, they chatted with people as they were doing this.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. One person told us how they had recently raised a concern with the registered manager and said this was being addressed. We spoke with the registered manager who confirmed what we had been told.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. One person's relative told us how the service's staff had taken action when things had gone wrong. They said, "In December [family member] vomited and [their] teeth were thrown away, getting new teeth next week and the company are paying for these." One person told us that there had been items of new clothing which had gone missing. This new clothing had not yet been labelled with the person's name. We spoke with the registered manager

and they said this had not been raised with them but there were items of unlabelled clothing in the laundry. They would speak with the person and check if the clothing was in the laundry.

People's records included their decisions about the care they wanted to receive at the end of their life. For example, if they wanted to be resuscitated, where they wanted to be cared for, specific choices relating to their care at the end of their life and any arrangements they had made for their funerals. A staff member told us that the service was working with a local hospice who were providing end of life training to the staff team. This was confirmed by other staff spoken with and records.

Staff told us about the care that a person was being provided with who was being cared for in bed, "Half hourly checks, giving mouth care, just for comfort, [person] is very poorly." We checked the records in the person's bedroom which identified that the 30 minute checks we had been told about were happening. Another staff member told us, "[Person] is end of life on mouth care but going to try [person] with some ice-cream." This identified that people were receiving caring and compassionate care.

Is the service well-led?

Our findings

This service had previously been owned by another provider, it was registered under the current provider in January 2017. This was the service's first inspection under the new provider.

People and relatives told us how they felt the service had improved since the new provider had taken over. One relative said, "Lovely, really nice, this is a lot better more upbeat. There are more staff here now, really attentive younger staff. I am really pleased for [family member] to be here." Another relative commented, "Lot better now, better new staff, we get asked most times if we want a tea or coffee, it had run down, now more relaxed and calm and no bad atmosphere, staff now seem happy." One person's relative told us how they had been kept updated with the changes, "Had a letter telling us of the change of owner and the area manager came down." Another relative told us, "It has improved since the changeover, lots of new staff, more activities, staff now stay on the unit so that residents can get to know them and now [family member] knows the regular ones, staff know people better and they have a laugh and banter. Atmosphere is a lot better, decorated the lounge and done [their] room."

People and relatives were complimentary about the registered manager and management team. One person told us, "Manager is very nice and helpful, meal times I generally see her." Another person commented, "She is on the ball, she loves the staff, the animals. She is excellent, the tops." Another person said, "I get on well with the manager and they talk to me as kind of an equal." One relative said, "It is amazing, they helped me through a painful experience of putting [family member] in here. Manager runs a tight ship but she has a fun side and keep us informed ...I would say it is a happy work force, from what I see it is managed well and [registered manager] has got good managers under her." Another relative told us, "The manager is very very nice, always willing to listen to you, same as [a unit manager] can talk about any concerns, I am very pleased [family member] is here." Another said, "Manager is a nice lady and when she comes onto the house she goes round and talks to all the residents, the running of the home seems better."

The registered manager told us that they felt supported by the provider, "I am absolutely fully supported... The directors have been supportive if it benefits the home. The MD has been down and the area manager comes regularly, they cascade information and bulletins down." They went on share an example of how the provider had purchased new mattresses. The registered manager told us how the culture in the service was positive, "We are one big family here...now we have a fantastic team, leadership not just from me but from [member of the management team]...We do a lot of coaching and supervisions, they [staff] need leadership. We have come so far and have got such a great atmosphere over here."

People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. There were satisfaction questionnaires in people's records which had been completed by them and by their relatives. There was a relative and resident notice board in each unit. This included information that the registered manager held a surgery where people and relatives could speak with them the last Thursday of every month 7pm to 8pm. There were also blank feedback forms and the results of the most recent satisfaction questionnaires.

Each Wednesday at 3pm the registered manager and the resident experience manager held afternoon tea in alternate units. This gave people the opportunity to chat and discuss the service they were receiving. One person told us, "Have a tea party every Wednesday afternoon, we all enjoy that and get to meet other residents from other houses." We were present at the tea party on Powys, which people had talked about before it happened. There were homemade hot cheese scones, sausage rolls, finger sandwiches, readymade fruit kebabs for dipping in chocolate sauce, fresh fruit and cakes. There was a positive atmosphere with lots of laughter and people enjoyed the food and company. There were discussions about what they were going to do the following week.

People and relatives also had the opportunity to provide their views of the service in meetings. One person's relative told us, "Went to a resident meeting, very informative, talked about having someone [staff] in the lounge at all times," this had reassured them that their family member was safe. There was a letter on the unit notice boards stating, "Following feedback from many relatives we have changed the day [of relative and resident meetings] from Wednesday to Saturday for more to attend," this included the dates of the monthly meetings for the next five months. On the notice board in the units there was a poster stating 'you said, we did,' which identified that people had asked for pygmy animals to visit the service and this was done. One person told us, "Resident meetings are generally useful, some people bring up the same old things. Manager came over and told us about the new owners, been handled well, changes like the big names and pictures on the [bedroom] doors, it helps others [to independently navigate to their bedrooms]."

The provider and registered manager had systems in place to monitor and assess the service provided to people. These included audits in care records, infection control and medicines. Where shortfalls were identified actions were taken to address them, such as providing training for staff. Falls and incidents were analysed for trends and these were used to identify if any improvements were needed. Regular management 'walkarounds' were completed to ensure that everything in the units was as it should be. Daily meetings were held with the heads of services to discuss any issues and how these would be resolved going forward. Regular visits and audits were undertaken by the provider's regional representative. The service's Provider Information Return (PIR) detailed what the service did well and the improvements that were intended in the next 12 months.

A visit had been undertaken by Healthwatch in July 2017 who had made recommendations to improve the service. We saw that the service had an action plan in place to address these recommendations. For example, the management team had spoken with the provider's property team to provide more signage in the service.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they could go to the registered manager and other members of the senior team if they needed any advice or support. Staff meetings were held where they discussed the service and any changes in people's needs. There were coaching records in place which identified where staff had been spoken with about their responsibilities and the expectations of their role. This included ensuring records were completed. .

Staff told us how the morale in the service had improved since the registered manager had been in post and the provider had taken over. One staff member said, "Morale is higher, better now, with the new company and before we were not told much but we have met the manager's boss who seems very on the ball, the company seem sociable." Another staff member said, "Staff have had a meet and greet with the new company. Manager is friendly, always an open door, any worries she says come and speak to me." Another staff member commented, "The nurse in charge supports me, and I can go to the manager she has an open door policy, she will try and work out something. I came up with the idea of the watering cans and she went and bought them for me. Pleasant place to work, lot more cheerful in here now." Another staff member told

us, "Staff morale is high, I enjoy coming to work, they are lovely staff to work with." Another staff member said, "Any problems I can go to [registered manager], weekends I can ring her out of hours, even in the night, it is reassuring for me and that gives me confidence that I am not alone, I can go to her with anything."

There was information for staff in the service about how they could report poor practice, if needed, sometimes known as whistleblowing.