Bhandal Care Group (BSB Care) Ltd

The Cottage Residential Home

Inspection report

Nocton Hall
Nocton
Lincoln
Lincolnshire
LN4 2BA

Tel: 01526320887
Website: www.bsbcare.co.uk

Date of inspection visit:
16 January 2019
17 January 2019
23 January 2019

Date of publication:
27 February 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The Cottage Residential Home is registered to provide accommodation for up to 40 people requiring nursing or personal care, including older people and people living with dementia. The registered provider also offers day care support in the same building as the care home although this type of service is not regulated by the Care Quality Commission (CQC). The service is also registered as a domiciliary care agency providing personal care to people living independently in the community.

We inspected the service on 16, 17 and 23 January 2019. The first day of our inspection was unannounced. On the first day of our inspection there were 36 people living in the care home and 6 people receiving personal care from the homecare service.

At our last inspection in June 2017 we rated the service as Requires Improvement reflecting shortfalls in the safety of the premises; medicines management; staff recruitment and quality monitoring. At this inspection we were disappointed to find the registered provider had failed to address all of these issues. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of continuing shortfalls in organisational governance and a continuing failure to properly assess and mitigate risks to the safety of people living in the care home. We also found the registered provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 due to a failure to notify us of allegations of abuse relating to people living in the care home. You can see what action we told the provider to take on these issues at the back of the full version of this report.

In other areas, the registered provider was also failing to provide people with the caring and responsive service they were entitled to expect. People in the care home did not receive sufficient physical and mental stimulation to meet their needs and people's right to privacy was not consistently protected.

The overall rating for the service remains as Requires Improvement.

More positively, in both elements of the service, there were sufficient staff to meet people's care and support needs. People using the homecare service were particularly appreciative of the timeliness of their care calls. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. Staff at all levels worked well together in a mutually supportive way. Senior staff were committed to strengthening the links between the care home and homecare service, to provide people with increasingly personalised support.

Staff were kind and attentive in their approach. People were provided with food and drink that met their individual needs and preferences. Staff provided end of life care in a sensitive and person-centred way.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report

any concerns to keep people safe from harm.

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.

There was evidence of organisational learning from significant incidents and events. People were invited to give feedback on the quality of the service. There were very few formal complaints and any informal concerns were handled effectively. There was an ongoing programme of improvement to the physical environment and facilities in the care home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider') they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager demonstrated strong, supportive leadership which was appreciated by her team.

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.

The premises were still not fully safe for people's use.

Infection prevention and control systems were not consistently effective.

The recruitment of new staff was not consistently safe.

People's medicines were managed safely.

There were sufficient staff to meet people's care and support needs.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There was evidence of organisational learning from significant incidents.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked closely with local healthcare services to ensure people had access to specialist support when required.

People received food and drink which met their personal needs and preferences.

There was an ongoing programme of improvement to the physical environment and facilities.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's privacy was not consistently protected.

Staff were kind and attentive in their approach.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were provided with insufficient physical and mental stimulation.

People's individual care plans were well-organised and kept under regular review.

Staff provided compassionate care for people at the end of their life.

Any complaints or concerns were handled effectively.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems remained ineffective.

The provider had failed to notify us of significant events that had happened in the service.

Staff worked together in a friendly and supportive way.

The registered manager provided strong, supportive leadership to her team.

Meetings and surveys were conducted to seek people's views on the service.

The Cottage Residential 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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected The Cottage Residential Home on 16, 17 and 23 January 2019. On 16 January we visited the care home with an inspection team consisting of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 17 January, our expert by experience telephoned clients of the homecare service to seek their views about how well the service was meeting their needs. On 23 January our inspector returned to the care home to complete the inspection.

In preparation for our visit we reviewed information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams.

During our inspection we spent time observing how staff provided care for people living in the care home to help us better understand their experiences of the care they received. We spoke with nine people who lived in the care home, three people who used the homecare service, eight relatives, the registered manager, the manager of the homecare service, the training officer, four members of the care team and the chef. We also spoke to a local healthcare professional who was visiting the care home on the first day of our inspection.

We looked at a range of documents and written records including three people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in July 2017 we identified a number of concerns about the safety of the care home premises and told the provider improvement was required. At this inspection we were therefore disappointed to find several hazards which presented potential risks to people's safety and welfare. For example, on the first day of our inspection one of the emergency exits from the home was blocked by an armchair, increasing the risk that people would be unable to leave the building in the event of a fire or other emergency. In one of the communal bathrooms used by people living in the home, many of whom were living with dementia, we found an unattended ladder propped behind the door. This had the potential to cause serious injury had it fallen on someone attempting to use the bathroom. Commenting on this lapse, a senior member of staff said, "It's not acceptable. [There is] no excuse." In several other communal bathrooms and toilets we noticed that the call bell cord had snapped off and had not been replaced, increasing the chance of a person being unable to summon assistance in the event of an emergency.

We also found shortfalls in the provider's approach to infection prevention and control and food hygiene, creating further risks to the health and welfare of people living in the care home. For example, on the first day of our inspection we found some hand towel and hand sanitizer dispensers were empty, increasing the risk of poor hand hygiene by staff when providing people with personal care. The floor of the cupboard used to store cleaning equipment was extremely dirty, increasing the risk of cross- contamination from the shoes of staff going in and out of the cupboard. In the laundry we found a bag of soiled laundry lying loose on top of the bin it should have been placed in, increasing the risk of the bag being damaged and its contents exposed to the air. In an open top 'recycling bin' we found used gloves and a red bag (used to store soiled laundry), despite the bin being clearly labelled 'no gloves/red bags'. A kitchenette used by staff to prepare drinks for themselves and some of the people living in the home was dirty with cracked surfaces which had the potential to trap germs and jeopardise safe food hygiene practice. On two occasions we saw staff carrying uncovered meals through the corridors of the home to people who were being cared for in bed, again in contravention of safe food hygiene practice.

At our last inspection we identified shortfalls in the staff recruitment process and told the provider improvement was required. However, at this inspection, when we reviewed staff employment records we found two instances in which staff had started to provide care before written references had been obtained. This increased the risk of recruiting staff who were unsuitable to work with the people using the service. When we raised our concerns about this unsafe employment practice with the registered manager she told us that verbal references would have been obtained. However, there was no record of this having been done.

The provider's continuing failure to properly assess and mitigate a range of risks to people's health and safety was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

More positively, when we reviewed the management of people's medicines we found this had improved since our last inspection and was now safe. Describing the support they received from staff in this area, one

person who lived in the care home said, "The staff give me my medicines regularly. [I have] no worries about that." Staff maintained an accurate record of the medicines they administered, including prescription creams. Regular checks were made to ensure the medicines storage room and fridge were maintained at the correct temperature. People who had been prescribed 'as required' medicines had been supported to exercise their right to decline them when they did not want them.

Systems were in place to assess risks to people's individual health and well-being, including risks relating to skin care and mobility. When we looked at the risk assessment documentation in people's individual care records we saw that action had been taken to address risks that had been identified. For example, one person had been assessed as being at risk of falling and a range of measures had been put in place to address the risk. Senior staff regularly reviewed and updated people's individual risk assessments to take account of changes in their needs. As an additional important means of identifying and mitigating potential risks to people's safety and welfare, the provider maintained a 'safety cross' system to record and evaluate the number and location of any falls.

In the homecare service, everyone we spoke with told us they were highly satisfied with the provider's staffing and call scheduling arrangements. In scheduling care calls, the provider took care to ensure staff arrived on time and had sufficient time to meet people's needs without rushing. The manager of the homecare service told us, "I am careful [when allocating] travel times. I hate being late! [And] thirty minutes is our minimum call time. I don't think you can get much done in less than that." Reflecting this conscientious approach, one person told us, "The care hasn't been late in the six months I have used [the service]." Another person told us, "They are very punctual [and] they have time to sit and talk."

In the care home, most people we spoke with told us that the provider employed sufficient staff to meet their needs. For example, one person said, "I am very happy with the care and attention I get here." Reflecting this feedback, we saw that staff were busy but generally responded to people's care needs in a timely way. At lunchtime, there was sufficient staffing to provide people with one-to-one eating support where this was required. The registered manager kept staffing levels under regular review and told us she had recently increased the number of daytime care staff to reflect an increase in occupancy.

Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the CQC, should this ever be necessary. One member of staff had been appointed as safeguarding lead to monitor changes to best practice in this area and provide updates to colleagues as required.

Senior staff analysed significant incidents which had occurred in the service to identify if there were lessons that could be learned for the future. For instance, the registered manager had reviewed and addressed the recommendations made following a local authority safeguarding investigation which had been conducted a few months before our inspection.

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. For example, one person who used the homecare service said, "The carers know what they are doing." A person who had moved to the care home recently told us, "My legs are getting better … since I have been here."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting positively on their own induction a recently recruited member of the care team told us, "It was really good. Better than I thought [it would be]. I shadowed for about a week and then [the training officer] signed me off." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited staff.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to ensure they had the skills and knowledge to meet people's needs effectively. Describing the provider's approach in this area, one staff member said, "The training has been great. They have a group of us down for end-of-life care which is something I am really interested in."

Staff received regular supervision from senior staff. Staff told us they found this beneficial in promoting their personal and professional development. For example, one staff member said, "I do find it helpful. It's all done in confidence … and anything I say is taken on board."

In addition to their training and supervision, staff had access to a range of publications and other information sources to ensure they were aware of changes in good practice guidance and legislative requirements. Some staff members had been identified as 'champions' to taking the lead in researching and sharing best practice in areas including dementia and nutrition and hydration. The registered manager met regularly with the managers of the provider's other services and said this was a good opportunity to share information and identify best practice. Looking ahead, the registered manager said she would look into attending the meetings hosted by the local care providers' association as a further potential source of helpful information and guidance for her and her team.

Staff throughout the service worked closely together to ensure the delivery of effective care and support. For example, one member of the care team said, "It's a good place to work, I enjoy it. We work as a team. [For instance], the cleaners will ask us if any of the rooms need deep cleaning. And I [sometimes] work in the laundry. I enjoy it [and it helps you] see both sides." Describing her own relationship with the service, the registered manager told us, "I just love it. It's a home from home."

Staff were aware of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests

and as least restrictive as possible. Describing their approach in this area, one staff member said, "If someone doesn't have [full] mental capacity, we still need to respect their wishes. I always explain what I am going to do. And there is never any form of force. That's abuse." Senior staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves and these were documented correctly in people's care records.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). As part of our inspection we checked whether the provider was working within the principles of the MCA. We were satisfied that any restrictions on people's liberty had been authorised and that any conditions on such authorisations were being met.

People told us they were satisfied with the food and drink provision in the service and received any support they required. For example, a relative of someone who used the homecare service said, "The carers are so good. They take [name] shopping and if they get some sausages they will cook her a fresh meal." Kitchen staff in the care home were aware of people's individual likes and dislikes and responded accordingly. For example, one of the cooks told us, "There are two [main course] options for lunch but [if someone doesn't like either] I ask them what they fancy instead. Yesterday, [name] only wanted vegetables so I gave him more of the mashed potatoes and vegetables. He was very happy."

Staff were also aware of any particular nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, on the morning of the first day of our inspection one of the cooks told us that she would be baking two lemon sponges for afternoon tea – one with sugar and one that was suitable for people living with diabetes.

From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included district nurses, community psychiatric nurses and therapists. Commenting appreciatively on the proactive approach of staff in this area, a relative of someone who used the homecare service told us, "I can't drive at the moment and the carers are taking [name] to the doctor and to her appointments. They keep in contact and let me know if I need to know anything."

Since our last inspection, the provider had made some improvements to the physical environment in the care home to ensure it remained suitable for people's needs. For example, new decking had been laid in one of the external courtyards to make it safer for people to use. Some communal corridors and some bedrooms had also been refurbished.

Requires Improvement

Is the service caring?

Our findings

Within the information booklet that was given to people when they first started using the service there was a section titled 'Philosophy of Care'. In this, the provider stated, 'We will ensure your privacy is respected [and] confidentiality will be maintained at all times." However, during our inspection we found that this commitment was not always upheld in respect of people living in the care home. People's care records were kept in a cupboard in an unlocked, glass-fronted office beside the front door of the home. During our inspection we noticed that this office was often let unattended with the cupboard containing people's care plans left open. This meant the files containing people's private, confidential information were visible to, and could be accessed by, people and visitors passing the office. Additionally, some people's private care documentation had been left out on an open shelf in the office, clearly visible through the window. This was despite a sign in the office stating, 'Data Protection Act. Personal information not to be left in the open … on the desk or on the shelf by the window'. When we raised these issues with the registered manager, she took steps to lock the cupboard containing the care records. However, the lock was faulty and the cupboard could still be opened easily by anyone coming into the office, which remained unlocked and, at times, unattended. Further action was required to ensure people's right to privacy was consistently upheld.

More positively, everyone we spoke with told us that staff were caring and kind. For example, one person who lived in the care home said, "All the staff are very caring. They are really nice and anything that needs doing, they do it." A person who used the homecare service told us, "They are lovely caring people. I wouldn't use the service if they weren't."

Describing her philosophy of care, the registered manager told us, "It's about treating people like you or I would like our loved ones to be treated ... as a person, with an identity. They have done things in their life that we [may not] have done [and should be] treated with care, kindness and respect."

The registered manager's personal commitment to supporting people with compassion in a person-centred was understood by staff and reflected in their practice. For example, one member of staff told us, "One lady likes to be called by her middle name not her first name. She will tell you the story of why [it is important to her]. It's those little personal touches [that are important]." Throughout our inspection we saw staff in the care home engaging with people in a caring, attentive way. For example, at lunchtime staff were patient and encouraging in supporting people who needed assistance to eat their meal. Commenting positively on the approach of staff in the homecare service, a relative told us, "The carers are so caring and helpful. They do everything I ask of them."

Staff also understood the importance of promoting choice and independence and reflected this in the way they delivered care and support. Describing the way they encouraged people to exercise choice and control over their personal care, one staff member said, "When helping [some] people to get up in the morning I run the water and encourage them to wash their face for themselves. I [also] lay clothes on the bed and say, 'What should we wear today?'." Commenting positively on the way staff encouraged their relative to retain as much independence as possible, one family member told us, "The carer helps her to get washed and dressed. She doesn't need help as such but needs stuff handing to her in the right order and prompting to

clean her teeth."

Contact details for local lay advocacy services were available to people using the service although, reflecting feedback from our inspector, the registered manager took action to ensure the information was up to date. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. The registered manager told us no one using the service currently had the support of a lay advocate but that she would not hesitate to help people secure this type of support, should it ever be necessary.

Requires Improvement

Is the service responsive?

Our findings

The provider employed an activities coordinator to maintain a programme of activities and events to provide people living in the care home with physical and mental stimulation. However, this person had been away from work for the two months preceding our inspection. Acknowledging that the absence of this important member of her team had had a detrimental effect, the registered manager told us, "I am disappointed with activities [currently]. We normally do a lot [but] there [have been] much fewer activities in the last few months."

The registered manager also told us that care staff were "not expected" to facilitate activities. Instead, in the continuing absence of the activities organiser, senior staff organised some communal activities including flower-arranging and dominoes. External professionals also continued to visit to provide regular movement to music and hand massage sessions. However, these were relatively infrequent, short events and on both days of our inspection we saw some people sitting in communal lounges with little stimulation and only fleeting interactions with passing staff. Other people spent their time walking repetitively around the home. Describing the negative impact of the absence of the activities coordinator, one member of the care staff team said, "I'd like to see more activities being done. I think there could be more. People can get a bit restless." The registered manager told us that plans were in place to recruit additional activities coordinators and to increase the number of hours in this department. However, pending this recruitment, action was required to ensure people were provided with sufficient physical and mental stimulation to meet their needs.

If someone was thinking of moving into the care home, the registered manager told us that either she or another senior member of staff normally visited the person to carry out a pre-admission assessment to make sure the provider could meet the person's needs. Similarly, the deputy manager undertook an assessment of anyone who was interested in using the homecare service. Talking about the importance of managing this process carefully, the deputy manager said, "I have to turn [some people] down [if] we can't fit them in time wise. We can't be cutting time off [existing clients] to fit others in." If it was agreed that a person would start using part of the service, senior prepared an initial care pan to provide staff with information on the person's key needs and preferences. Over time, this was developed into a full individual care plan.

We looked at people's care plans and saw that they were well-organised and provided staff with information on the person's life history and their individual wishes and requirements in areas including personal care, medication and communication. Staff told us they found the care plans helpful in their work. For example, one member of staff said, "When I have a minute I like to read the 'life events' [section]. Those little details about what [people] used to do. I love doing that." Senior staff reviewed and updated the care plans on a regular basis, in consultation with people and their relatives. Commenting positively on the provider's approach in this area, one relative told us, "Staff always involve me and keep me to speed when there are changes."

Staff knew and respected the people in their care and responded flexibly to their individual needs and

preferences. For example, talking of people who used the homecare service, the deputy manager said, "On Friday I am taking [name] for fish and chips. We also take [people] for their GP appointments. I try to organise them around the times we would be there anyway so they don't get charged [for an extra visit]." Senior staff also ensured that the two parts of the service worked closely together to provide people with joined up, person centred support. For example, one person who used the homecare service came to the care home once a week for a bath, a hair do, a hot meal and some social interaction. Talking of another person who used the homecare service, the deputy manager told us, "[Name]'s husband needed to go into hospital [for an operation] but he didn't want to leave his wife [alone at home]. So we brought her into the care home [for a short stay]. It eased his mind and he was happy to go to hospital."

The provider's responsive approach was also reflected in the way staff cared for people with sensitivity and compassion at the end of their life. Outlining some aspects of the enhanced support provided to people and their relatives at this stage, the registered manager told us, "Generally families will come in and stay with the person. We feed the families and put them up overnight if necessary. [But if the person has no one] staff will come in and sit with people [so they are not alone] at the end." Following a death, relatives were asked to complete an 'end of life questionnaire'. We noted that one family member had taken this opportunity to write, "We were always kept informed if there were any problems. [Name] was cared for and loved by the staff and for that we are extremely grateful. She is now at peace."

The registered manager was unaware of the new national Accessible Information Standard (AIS) which provides best practice guidance in communicating with people in ways that meet their individual needs and preferences. However, she told us she would research the AIS and incorporate it into the provider's approach in the future. In the meantime, during our inspection we noted staff used a variety of strategies in response to people's individual communication needs, including the use of pictures with people with limited verbal communication skills.

Information on how to raise a concern or complaint was available to the people using the service. On the first day of our inspection we noted that some of this information was out of date and inaccurate which could have made it more difficult for people to escalate any formal complaints effectively. In practice however, people told us they had had no reason to complain. For example, a relative of a person living in the care home said, "The staff are very helpful and friendly. I have no complaints." Similarly, a person who used the homecare service told us, "The staff are very kind and gentle. I have no complaints." The registered manager confirmed that formal complaints were rare, something she attributed to her 'open door' policy. Describing this approach she said, "Families pop in [to my office] all the time. I pick up on [any] issues [and] deal with them straightaway."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found shortfalls in the systems used in the monitoring of service quality and told the provider improvement was required.

At this inspection we were therefore disappointed to find that the provider had failed to make the necessary improvements. For example, although senior staff conducted regular infection control and environmental audits in the care home, they had failed to pick up the shortfalls in health and safety and infection control practice we identified on our inspection. Acknowledging the failure of the provider's quality monitoring systems to identify one of the safety hazards described in the Safe section of this report, the registered manager told us, "I was not aware [of the missing emergency call bell cords]. It should have been picked up."

Additionally, when we reviewed some of the quarterly audits conducted by senior staff, we found the content appeared to have been simply copied from one quarter to the next. For example, the content of both the provider's 'health care' and 'dietary care and nutrition' audits was identical for four audits in succession, only the date had been changed. Similarly, other than the date, the four 'complaints handling' audits conducted between October 2017 and October 2018 were identical. The lack of rigour in this particular area of audit was illustrated by the fact that none of these four audits had identified the incorrect and out of date details in the provider's complaints procedure described in the Responsive section of this report.

The provider's continuing failure to effectively assess, monitor and improve the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In preparing for our inspection, we reviewed the notifications (events which happened in the service that the provider is required to tell us about) we had received in the twelve months preceding our inspection. We found that in this period the provider had failed to notify us of four allegations of abuse relating to people living in the care home which had been considered by the local authority under its adult safeguarding procedures. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager maintained a visible, hands-on presence within the care home which was appreciated by her team. For example, one member of staff said, "She's a good manager. Very fair. If we need help she is always there She is [often] out and about chatting to the residents." Another staff member told us, "I love her. She's lovely. Firm but fair. She runs a tight ship but in a good way." Day-to-day running of the homecare service was the responsibility of the registered manager's deputy who provided much of the hands-on care herself and, as a result, was well-known to everyone who used the service. A relative of a person who used the homecare service told us, "[The deputy manager] is very good. I have a very good relationship with her. I can ring her and she will deal with it immediately. Another relative said, "I would definitely recommend [the homecare] service. It is so reliable and they are so caring and helpful." Looking ahead, the registered manager told us she planned to spend more time out of the care home, getting to

know the people who used the homecare service.

Reflecting the strong, supportive leadership of the registered manager, staff told us they enjoyed their work and felt valued for their contribution. For example, one recently recruited member of staff said, "I like coming to work. I had a week off and I was itching to get back. I feel supported and valued. I absolutely love it." To reward and motivate staff and to help highlight good practice, the provider operated a 'carer of the month' scheme. Talking positively of this initiative, one staff member told us, "When we have a staff meeting they will announce the carer of the month. They get a box of chocolates. I've been it three times. It makes you feel you are being recognised and respected.

Regular team meetings were used to facilitate effective communication and help maintain an open organisational culture. Reviewing the notes of the last full staff meeting we noted that staff had been provided with guidance on a range of issues including medicines management. Regular departmental meetings were also scheduled, including for the night staff and the kitchen and domestic staff.

Since our last inspection, as described elsewhere this report, the provider had made a number of improvements to the care home. Looking ahead, the registered manager told us plans were in place for a number of further developments including the creation of a new sensory room which she believed would be of particular benefit to people living with dementia. Plans were also in place to refurbish the reception area, to include the provision of more seating which the registered manager told us would be welcomed by people living in the home. Talking about the future of the homecare service, both the registered manager and the deputy manager told us they wanted to keep it small in size, something they believed had been an important factor in creating the high client satisfaction we found on our inspection. They were also committed to exploring further ways to strengthen links between the two parts of the service to provide people with a more personalised service.

The provider conducted an annual survey of people, relatives, staff and external professionals to gain feedback on the service provided. At the time of our inspection the 2019 survey had just commenced and the registered manager told us she would be reviewing the results carefully to identify any areas for further improvement. We reviewed some of the responses to the 2018 survey and saw that the feedback provided was generally very positive. As an additional means of seeking to involve people in the running of the service, the provider organised regular 'residents' meetings' for the people who lived in the care home. The provider also produced regular newsletters which were sent to relatives to help them stay in touch with events and developments in the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person's failure to notify CQC of significant issues.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person's continuing failure to properly assess and mitigate risks to the safety of people living in the care home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Continuing shortfalls in organisational governance.