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Abbotsford - Pinner

Inspection report

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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

This inspection took place on 28 September 2017 and was unannounced. Abbotsford - Pinner is a care home for older people providing accommodation and care for up to 24 people. At the time of our inspection there were 19 people using the service.

At our inspection on 28 and 30 September 2016 we rated the service as "Requires Improvement". We found breaches in respect of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to risk assessments and regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to quality assurance specifically audits.

We then undertook a follow up inspection on 9 January 2017 to check whether the home had made improvements to their risk assessments. During this inspection we found that the service had met the legal requirement in respect of this.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection on 28 September 2017, we found that the home had taken appropriate action and made improvements in relation to risk assessments, quality assurance checks and documentation.

People and their relatives informed us that they were satisfied with the care provided in the home. People told us that they had been treated with respect and felt safe living in the home. There was a very positive atmosphere within the home. The welfare of people was at the centre of the home. Management and staff worked well together to ensure people had a meaningful and enjoyable life.

Our inspection in September 2016 found that risks to people were not always identified and risk assessments contained limited information. They also lacked information about preventative actions that needed to be taken to minimise risks. During our follow-up inspection in January 2017, we found that the home had reviewed risk assessments and made necessary improvements. During this comprehensive inspection in September 2017, we found that the home continued to ensure risk assessments included sufficient detail and reflected potential risks to people as well as providing guidance for staff on how to mitigate the risks.

Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

On the day of our inspection we observed that there were sufficient numbers of staff to meet people's individual care needs. Staff did not appear to be rushed and were able to complete their tasks. Staff told us

that staffing levels were adequate and that they had enough staff to carry out their duties. The registered manager informed us that staffing levels were regularly reviewed depending on people's needs and occupancy levels and at the time of the inspection there were sufficient staffing levels.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

During our inspection in September 2016, we found deficiencies in relation to some aspects of health and safety in the home. During this inspection in September 2017, we found that the home had taken appropriate action and addressed these issues.

Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency. Care workers prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were carefully monitored and attended to.

We found the premises were clean and tidy and there were no unpleasant odours throughout the day.

Care staff told us that they felt supported by management. They told us that management were approachable and they raised no concerns in respect of this. We saw evidence that staff had received training in various areas which helped them in their role. Staff had also received regular supervision sessions and yearly appraisals and this was confirmed by staff.

During our previous inspection we found that staff had not received training in the Mental Capacity Act (MCA). During our inspection in September 2017, we saw evidence that staff had completed MCA training. Staff we spoke with had an understanding of the principles of the MCA. During this inspection, we found that people's capacity to make specific decisions was consistently recorded in people's care support plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We noted that one person required a DoLS authorisation and this had expired. We raised this with the registered manager and she confirmed that she had already raised this with the local authority and provided us with documentation to confirm this.

The majority of people spoke positively about the food and said that the food was always freshly prepared. We found that suitable arrangements for the provision of food to ensure that people's dietary needs were met. During the inspection, we observed lunch being prepared and served. Food looked appetising and was freshly prepared and presented well. Details of special diets people required either as a result of a clinical need or a cultural preference were documented.

During the inspection, people appeared comfortable and at ease in the presence of staff. We saw numerous respectful and caring interactions between care workers and people who used the service. Care workers were patient and caring and showed interest in people. Staff were present to ensure that people were alright and their needs were attended to.

People and relatives spoke highly of the premises and said that there was a homely atmosphere. The home had a large garden that was very well looked after and people and relatives spoke positively about this.

People and relatives told us that there were sufficient activities available in the home. The home had an

activities coordinator who focused on providing a varied and innovative activities programme which met the needs and choices of people. Activities provided included board games, quizzes, group physical exercise, relaxation therapy, karaoke and bingo. People told us that a pianist visited the home on Sundays to play music.

During our inspection in September 2016, we found that the home had failed to carry out audits regularly and consistently. We also found that there were some areas where the quality of the service people received was not effectively checked. We found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection in September 2017, we found that the home had taken necessary action and implemented various effective quality assurance systems for assessing, monitoring and improving the quality of the service. Formal checks were also carried in various aspects relating to the running of the home.

People and relatives spoke positively about management in the home and said that they had confidence in the registered manager. They said that the registered manager was approachable and always willing to listen. There was a system in place to deal with complaints appropriately. Staff told us that the morale within the home was good and that staff worked as a team. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

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 home was safe. People told us that they felt safe in the home and around care staff.

Risks to people were identified and managed so that people were safe.

We saw that arrangements were in place in relation to the recording and administration of medicines.

Appropriate systems were in place to manage emergencies.

Is the service effective?

Good 

The home was effective. People who used the service were cared for by care workers who were knowledgeable and understood their care needs.

People's nutritional and healthcare needs had been monitored and attended to.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff were supervised and felt well supported by their peers and the registered manager.

Is the service caring?

Good 

The home was caring. People were listened to and treated with respect and dignity. Care workers protected people's privacy.

People were treated with kindness and compassion when we observed staff interacting with people. The premises were made comfortable and pleasant for people.

People had opportunity to express their views and the home made effort to respond to suggestions made.

Wherever possible, people were involved in making decisions about their care.

Is the service responsive?

Good 

The home was responsive. The needs of people had been assessed and appropriate care plans were in place. Care was regularly reviewed.

There were activities available to people. People and relatives spoke positively about the activities available.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

A formal satisfaction survey had been carried out in May 2017 and the results were generally positive.

Is the service well-led?

Good 

The home was well-led. People and relatives told us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care workers, domestic staff, deputy managers and registered manager.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions.

The quality of the service was monitored and there were systems in place to make necessary improvements. Audits and regular checks had been carried.

Abbotsford - Pinner

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 28 September 2017. The inspection team consisted of two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We reviewed eight care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with eleven people who used the service and five relatives. We spoke with the registered manager, two deputy managers, three care workers, one kitchen staff and domestic staff. We also spoke with one healthcare professional who was present on the day of the inspection.

Is the service safe?

Our findings

On arrival at the home on the day of the inspection we noted that the front entrance was secure. We were asked who we were before being allowed into the premises. This ensured that people in the home were safe. People told us that they felt safe in the home and they were well treated by all staff. When asked if they felt safe in the home, one person told us, "I am completely happy with how I am treated here. Staff are extremely good. I feel safe here. No problems at all." Another person said, "I feel very safe here."

Relatives we spoke with said that they were confident that people were safe in the presence of care workers. One relative said, "I am confident [my relative] is safe." Another relative told us, "I am absolutely confident that [my relative] is safe."

The inspection we carried out in September 2016 found that risks to people were not always identified and contained limited information. They also lacked information about preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. We checked whether the home had taken steps to address this during our follow-up inspection in January 2017 and found that they had reviewed risk assessments and made necessary improvements.

During the comprehensive inspection in September 2017, we found that the home continued to ensure risk assessments included sufficient detail and reflected potential risks to people as well as providing guidance for staff on how to mitigate the risks. There were appropriate risk assessments for people which included mobility, mobility equipment, medicines administration, diabetes and Malnutrition Universal Screening Tool (MUST) which are used to assess people with a history of weight loss or poor appetite. There were Pressure ulcer risk assessments which included the use of the Waterlow scoring tool and falls risk assessment. Risk assessments were reviewed monthly and we saw documented evidence that these were updated when there was a change in a person's condition.

There were appropriate arrangements for the ordering, recording, administration and disposal of medicines. During our inspection in September 2016, we found that the medicines cupboard did not comply with legal requirements. Our inspection in September 2017 found that the home had replaced the cupboard with an appropriate medicines cabinet. We also discussed with the registered manager the location of the cabinet and she confirmed that they were currently reviewing this and looking for an alternative location but this was ongoing as there were various factors they had to consider.

We examined five medicine administration record (MAR) charts. There were no unexplained gaps which indicated that people had been administered their medicines as prescribed. People we spoke with told us that they received their medicines on time and raised no concerns in respect of this. The temperature of the room where medicines were stored had been checked daily to ensure they were within the required temperature range and these were documented. Controlled drugs (CD) were stored appropriately in a separate CD cupboard. The CD register had been signed by two staff when they were administered. The amount left was checked and found to be accurate.

There was a policy and procedure for the administration of medicines in place. The home had an internal system for auditing medicines. The registered manager confirmed that a medicines audit had been carried out by an external pharmacist in April 2017.

Training records indicated that care workers had received training in safeguarding people. Our inspection in September 2016 identified that care workers required refresher safeguarding training. This inspection in September 2017 found that care workers had received a refresher training session in November 2016 with an external organisation. Staff we spoke with were able to describe the process for identifying and reporting allegations of abuse and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to management immediately. The home had a safeguarding policy in place.

The home had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

During this inspection in September 2017, we looked at staffing levels in the home. People and relatives we spoke with told us that there were sufficient numbers of staff and raised no concerns in respect of this. People told us that care workers spent time talking with them. On the day of the inspection, there were a total of 19 people who lived in the home. The registered manager confirmed that staffing levels normally consisted of the registered manager, deputy manager and four care workers and domestic staff during the day and two care workers during the night. All care workers we spoke with told us that staffing levels during the day and at night were adequate and they raised no concerns in respect of this. One member of staff told us, "There are enough staff and enough time to do all the tasks." Another member of staff said, "The staffing levels are adequate." The registered manager explained that there were enough staff to meet the needs of people in the home and told us, "I would rather have extra staff than not enough staff on duty." The registered manager explained that they had "comfort round" every morning and evening where a member of staff would go to people's rooms and speak with them and check that they were comfortable. She explained that the purpose of this round was to reassure people that care staff were available and present in the home. She also explained there was flexibility in respect of staffing numbers and this was under constant review depending on people's needs. One person who lived in the home told us, "I feel safe here, particularly as there are two staff at night. It helps me feel comfortable. It is nice knowing that they are there if I need them."

One person who lived in the home told us, "I am familiar with all staff. There are not different faces. I like this." One relative said, "Care staff are good. There is not a constant turnover of staff which is nice." There was consistency in terms of staff so that people who used the service were familiar with them. We noted that there was a low turnover of staff at the home and the home did not use agency staff. The registered manager confirmed that since the last inspection, the home had not employed any new staff as there were sufficient numbers. She also explained that she had a reliable and consistent team of care workers and deputy staff who worked well together.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for four members of staff and found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

There was a record of essential maintenance carried out to ensure that people lived in a safe and pleasant

environment. There was a monthly health and safety checklist which included checks of the premises and hot water to ensure they were safe.

Our inspection of the home in September 2016 found that hot water temperature checks were not documented. The inspection in September 2017 found that the home had made improvements in respect of this. Temperatures of the hot water were checked before staff assisted people with baths and showers to ensure that people were not put at risk of scalding and these were documented.

The electrical installations inspection certificate indicated that the home's wiring was satisfactory. During the inspection we found that labels were attached to portable equipment which had been tested. There was evidence of safety inspections of the portable hoists. The gas boiler required a maintenance check and we saw evidence that this had been booked to take place within the next two weeks.

Since our inspection in September 2016, the home had made improvements to fire safety in the home. There was an updated fire risk assessment, fire equipment contract and a fire evacuation plan in the event of a fire. The emergency lighting had been checked monthly and this was documented. The inspection carried out in September 2016 found that fire drills were not always carried out consistently. However, our inspection in September 2017 found that the home made improvements in respect of this. Two fire drills had been carried out since the beginning of the year and these had been documented accordingly. Our inspection in September 2016 found that there were occasions where the fire alarms had not been tested weekly and there were gaps in the records. The home had taken action in respect of this and we noted that the fire alarm was consistently tested weekly to ensure it was in working condition and this was documented.

Personal emergency and evacuation plans (PEEP) had been prepared for people who lived in the home to ensure their safety in an emergency.

The fire procedure on display in the home did not include the meeting point outside the home. We raised this with the registered manager and following the inspection she provided us with evidence to confirm that this was updated. We also noted that the fire risk assessment made a number of recommendations including having automatic door closures. Following the inspection, the registered manager sent us the action plan that was in place. It detailed what and when action had been carried out to respond to recommendations.

Our inspection in September 2016 found that one bathroom and two bedrooms lacked a window restrictor. During this inspection in September 2017, the registered manager confirmed that maintenance had checked all windows in the home and all rooms that required a window restrictor had these in place. We checked five rooms on the first floor and found that these were in place.

There was a system for recording accidents and incidents. Details of accidents and incidents had been recorded and signed by staff. However, two incidents involving falls to people did not contain guidance to prevent a re-occurrence of accidents. This is needed to provide guidance for staff and people. We discussed this with the registered manager and she confirmed that in future such information would be recorded on the form.

We discussed falls prevention and manual handling with the registered manager. She told us that the home focused on prevention of falls and did this through supervision. She explained that the home had extra staff on duty so that they could monitor people and provide extra support. During the inspection, we observed care workers assist people with their mobility. We saw some examples of good practice where care workers

gently supported people with their mobility where required whilst providing reassurance and encouraging people. We saw evidence that risk assessments were in place where people were at risk of falls and required assistance with their mobility. These included guidance for staff to help manage these risks. The registered manager also confirmed that all staff received moving and handling training in June and September 2017 which was provided by an external organisation. This was a practical hands-on training session which included using equipment such as a slide sheet and hoist. Staff also attended falls prevention training in August 2017 and this was provided by the local authority.

The premises were clean and there were no unpleasant odours throughout the day of the inspection. People spoke positively about the cleanliness of the home and no concerns were raised. The home had an infection control policy with information on infectious diseases. Staff had access to protective clothing including disposable gloves and aprons. We checked the laundry room and discussed the laundering of soiled linen with care workers. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them at a sufficiently high temperature.

Is the service effective?

Our findings

People who lived in the home told us that care workers were competent and they were satisfied with the care provided in the home. One person told us, "It is very, very good here. Staff are very good and kind." Another person said, "Everything is fine here. Staff are pretty good. They are fine. I can't complain." Another person told us, "It is excellent here because staff are caring and extremely kind. Anything you want you can ask them. They are pleasant and they try to help."

Relatives expressed confidence in the care provided in the home. One relative said, "Staff are knowledgeable. They seem to know what they are doing." Another relative told us, "I am very happy with the level of care. I have no concerns. We were very lucky finding this home. The environment is good. There is a nice atmosphere and staff are good." Another relative said, "I am very pleased with the care [my relative] receives. It is a first class home."

Staff had the knowledge and skills to enable them to support people effectively. There was evidence that care workers had undertaken an induction when they started working at the service. Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training included basic life support, fire, diabetes, food hygiene, medicines management and equality and diversity. Staff spoke positively about the training they had received. One care worker told us, "Training has been very good. It is very thorough. The manager encourages training." Another care worker said, "The training has been very helpful."

There was documented evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. Staff had received appraisals to discuss their individual performance and had an opportunity to review their personal development and progress.

We did not see evidence that staff were completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. We discussed this with the registered manager and she explained that since the last inspection, they had not recruited any new staff. However, she said that in future when staff were recruited they would complete the Care Certificate.

Care workers said they worked well as a team and received the support they needed. They were positive about working at the home and commented on the good team spirit amongst staff, good knowledge and skills possessed by all staff in the home which had helped to maintain a good working standard in the home. One care worker told us, "Team work is great. It is like a family at the home." Another care worker said, "Communication is great. We all help each other. We work together."

People had their healthcare needs monitored. There was documented evidence of appointments with healthcare professionals such as people's dentist, optician and GP. Information following visits by GP and other professionals were documented in people's records. During the inspection we spoke with a healthcare

professional who informed us that the home maintained close contact with them and the healthcare needs of people were assessed regularly.

The majority of people spoke positively about the food provided in the home and were satisfied. One person said, "The food is really good. The lunch and dinner are hot. I have no complaints." Another person told us, "The food is always fresh and straight out of the kitchen." Another person said, "The food is enough- plenty. There is choice. I have a jug of water in my room." Three people we spoke with told us that the food was generally fine and they were happy it was freshly prepared daily. However, they said that the food was sometimes bland and lacked spice and flavour. We discussed the feedback from people with the registered manager and she explained that she was aware that some people wanted more flavour in their food. She said that the home tried their best to ensure everyone was happy with the food but said that people had different tastes. She explained that as a result of previous feedback from people she was going to hire a cook and had recently advertised for this position so that the cook could prepare different types of food.

Food was prepared freshly every day and this was confirmed by all the people we spoke with. People ate their breakfast in their rooms and a hot meal was provided for lunch and dinner in the communal dining area. There were alternatives for people if they do not want to eat what is on the menu and this was confirmed by people we spoke with.

Arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and care workers were knowledgeable regarding the dietary needs of people. Care records showed that nutritional needs of people who used the service were met. Where people had a low weight and a low body mass index, we saw that the service had liaised with a dietician or GP for advice and were monitoring their progress. People's weights were recorded regularly so that the home could monitor people's nutrition and there was information about people's nutritional needs.

During the inspection, we spoke with one member of the kitchen staff. She was knowledgeable about people's dietary needs and preferences. We noted that people's dietary requirements were documented on the noticeboard in the kitchen. The home had a weekly menu and it included a variety of different types of foods. There were alternatives for people to choose from if they did not want to eat what was on the menu.

On the day of our inspection we observed people having their lunch, which was unhurried. There was a relaxed atmosphere where some people sat on their own individual tables and others sat at tables together. Meals were presented attractively. We observed staff were patient and offered people choices and asked them what they would like. They spoke with people in a kind and pleasant manner. Staff were attentive and created a pleasant atmosphere chatting with people over lunch.

We noted that an external food hygiene inspection had been carried out in October 2016 and the home had been awarded five stars out of five. The registered manager explained that the home worked hard to ensure the kitchen was clean and hygienic.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions

on authorisations to deprive a person of their liberty were being met. We noted that the majority of people in the home had capacity to make decisions. Our inspection in September 2016 found that some mental capacity assessments lacked specific details about people's capacity and information was not consistently recorded. During this inspection in September 2017, the registered manager explained that since the previous inspection staff had reviewed mental capacity assessments for all the people in the home so that they included relevant information and this was consistently recorded. Mental capacity assessments included information about people's mental state and cognition.

During the inspection of the home in September 2016, we noted that staff had not received MCA training. Our inspection in September 2017 found that all staff had received MCA training and this was completed by care workers in July 2017 and this was confirmed by staff we spoke with. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that one person required a DoLS authorisation and this had expired. We raised this with the registered manager and she confirmed that she had already raised this with the local authority and this was in hand. She provided us with documentation to confirm this.

People receiving end of life care had the appropriate plans in place. They also had "Do not attempt cardiopulmonary resuscitation" (DNACPR) forms in place. All the DNACPR forms we viewed were signed by the GP and relatives and were up to date. There were also care plans in place which clearly stated the end of life wishes for people. We noted that some DNACPR forms were in black and white rather than in colour and we spoke with the registered manager about this. She explained that she was aware of this and had queried it with the GP and they had informed her that they only provided black and white versions of the DNACPR forms.

Is the service caring?

Our findings

People told us that they were well cared for by care staff and they were treated with respect and dignity. One person said, "Staff are extremely nice." Another person told us, "Staff are great. They are very kind and helpful and considerate. They are great to me. I am lucky here." Another person said, "Staff are very good. They listen and talk to me."

Relatives told us that care workers were caring. One relative said, "Staff are kind and caring." Another relative told us, "Staff really do go over and above. All staff are patient and caring." Another relative told us, "It is a safe environment and a very caring home."

One healthcare professional told us, "I always consider this home to be very caring. People are always well looked after."

The home had made effort to provide a pleasant environment for people. People and relatives spoke positively about the premises. One relative said, "The home is well presented. The garden is looked after well. It is very homely." There was an aquarium in the communal living area which was spacious and overlooked a large beautiful garden. The garden was very well looked after with flowers and plants and a well maintained lawn. People we spoke with spoke positively about the garden and said that they were able to enjoy the scenery. One person said, "The garden is beautiful." Another person told us, "I absolutely love the garden. It is such a lovely view from my room." One relative said, "The garden is very nice. It is lovely. It makes such a difference."

People were able to move around freely within the home and in the garden. On the day of the inspection some people chose to spend time in the communal lounge, their bedroom and in the garden. We observed positive interactions between care workers and people. Care workers were friendly, helpful, calm and attentive to people's needs. Care workers showed interest in people and were present to ensure that people were alright and their needs attended to. They were attentive and talked in a gentle and pleasant manner to people. People who used the service appeared comfortable in the presence of staff.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. We observed care staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when care support staff supported people with their personal care needs.

Care records included information about people's life history and their interests. Staff were aware of information regarding people's background, interests and needs. This ensured that staff were able to understand and interact with people.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Meetings had been held where

people could express their views and be informed of any changes affecting the running of the home. People informed us that the service listened to them and their views.

People were supported to maintain relationships with family and friends. Relatives told us that they were well treated whenever they visited the home and they were kept informed about their family member's progress. One relative told us, "They keep me informed of what is going on. The communication is good."

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The registered manager explained that they supported people with their spiritual needs and said that all people were treated with respect and dignity regardless of their background and personal circumstances. Kitchen staff were aware of people's cultural meal requests and we saw that this information had been documented.

One person told us, "The home is nicely furnished and homely. We can bring our possessions. They really make us feel at home." All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People and relatives informed us that they were satisfied with the care provided and care workers were responsive to their needs. One person told us, "Staff ask me what I would like and listen to me." Another person said, "I feel listened to." One relative told us, "They are definitely responsive. They listen and really do care. One healthcare professional told us, "The manager liaises well with us. She is very good. She listens and takes things on."

During our inspection of the home in September 2016, we noted that the quality of care documentation varied and some care support plans were not fully completed. We also found that there were significant gaps. Our inspection in September 2017 found that the home had taken action in respect of this. The registered manager confirmed that since the previous inspection, the home had reviewed care support plans for all people and ensured that they were completed fully with the appropriate information and we saw evidence of this.

The home provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been assessed before they moved into the home. Care plans were prepared with the involvement of people and their representatives and were personalised. Care plans had been signed by people or their representatives to show that they had agreed to the care they received.

Care plans were reviewed monthly by staff and were updated when people's needs changed. The registered manager explained that the regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff. The registered manager explained that they had recently implemented a new system for recording changes in people's health and care needs so that this information was easily accessible.

People were encouraged to attend resident's meetings in order to discuss the running of the home. Meetings were held quarterly for people living at the home where they could give their views on how the home was run.

The home had a varied and regular programme of activities to ensure that people received adequate social and therapeutic stimulation. Activities provided included board games, quizzes, group physical exercise, relaxation therapy, karaoke and bingo. An activities co-ordinator was responsible for arranging activities for people in the home with the input of people who lived in the home. On the day of the inspection, we observed that people took part in an afternoon quiz. People told us that a pianist visited the home on Sundays to play music for them and this was positively received by people in the home. People also told us that the home had held a summer garden party in July and also celebrated people's birthdays with parties.

Activities provided were discussed at all residents' meetings. This was to ensure that activities were relevant and what people wanted. The home also had a cat on the premises which people spoke positively about.

The registered manager confirmed that a satisfaction survey had been carried out in May 2017. The feedback was generally positive. The registered manager explained to us that it was important to ensure that people felt able to raise their concerns and encouraged people to talk to her if they had any concerns and not wait for the satisfaction survey to raise issues.

There was a suggestions box so that people could leave their feedback and comments. Further, we saw evidence that there were resident's meetings so that people could raise any queries and issues.

There was a complaints policy which was displayed throughout the home. We also saw that a copy of the complaints policy was available in each person's room. This policy detailed the procedures in place for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. The home had a system for recording and dealing with complaints. We noted that since the inspection in September 2016, the home had not received any formal complaints.

Is the service well-led?

Our findings

People spoke positively about the registered manager and said that they had confidence in her and the management of the home. One person said, "[The manager] is wonderful. She is marvellous. She treats all people and staff so well." Another person told us, "[The manager] is good. I can talk to her. I have no complaints." Another person said, "[The manager is very good. She is very kind. You couldn't get a better manager. She is so great. I am so grateful. I am really happy here."

Relatives said that they were confident that the home was well managed. One relative told us, "[The manager] is lovely. She is always happy to listen and I can talk openly with her." Another relative said, "[The manager] is very good. She is person centred. She is always ready to listen and I really appreciate that."

Our inspection in September 2016 found that the home had carried out some audits. However, we did not see that these were carried out regularly and consistently. We also found that there were some areas where the quality of the service people received was not effectively checked and the home failed to identify their failings in relation to risk assessments, lack of information in care support plans and health and safety issues. We found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection of the home in September 2017, we found that the home had taken necessary action and implemented various effective quality assurance systems for assessing, monitoring and improving the quality of the service. Formal checks were also carried in areas such as cleanliness of premises, fire safety, medicine administration charts, care documentation, temperatures of the hot water, health and safety and equipment. Monthly audits had been carried out by the registered manager and deputy manager. The home demonstrated that they effectively checked essential aspects of the care provided and health and safety aspects.

There was a management structure in place with a team care workers, domestic staff, deputy manager and the registered manager. Staff spoke positively about working at the home and were of the opinion that the home was well managed. They said that the registered manager was supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. One member of staff told us, "It is lovely working at the home. It is the best place I have ever worked. The manager is wonderful. You can talk to her about anything. She is so caring and always makes time. Another member of staff said, "The manager is great. She is approachable. She really listens. I feel supported."

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. We noted that since the inspection in September 2016, policies had been reviewed and updated by management. We also observed that some policies and procedures were kept in the office next door to the home. We discussed this arrangement with the registered manager at our previous inspection in September 2016 and discussed it again in September 2017. She explained that the majority of policies and procedures were kept in the home but explained that they were in the process of reorganising the office

space.

All staff we spoke with told us that there was an effective communication system in the home. Handover meetings took place at the beginning and end of each shift. There was a communication book which was used for passing on important information such as appointments and duties for care workers. Staff informed us that there were meetings where they regularly discussed the care of people and the management of the home. We noted that the registered manager documented these. However, during the inspection we discussed with her the importance of ensuring these notes were available for all staff to review. She confirmed that in future these notes would be documented and available to all staff.