Bondcare Willington Limited

Birch Tree Manor

Inspection report

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Port Sunlight
Wirral
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Tel: 01516440777

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 27, 30 April and 8 May 2018. The first day of the inspection was unannounced.

Birch Tree Manor is a purpose built modern detached building in a residential area of Port Sunlight, Wirral. The building is over two floors with well-kept courtyard style gardens. The home is registered to provide care and accommodation for up to 62 people. At the time of our inspection 56 people were living at the home.

Birch Tree Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service required and had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in place since October 2015.

At our previous inspection in January 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that the administration of medication was consistently safe. We also found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured there was appropriate support, professional development and supervision for staff. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve in our key questions areas of Safe, Effective and Well Led.

During this inspection we found that there had been improvements in the administration of people's medication and this was now safe. There had also been improvements in the support and supervision provided to staff members. The service was no longer in breach of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did find during this inspection a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's consent was not effectively sought. When people lacked the capacity to consent, the registered manager did not always act in accordance with the Mental Capacity Act 2005. This meant the key question areas of Effective and Well Led were rated as 'requires improvement' and therefore the overall rating for the service remains 'requires improvement'. You can see what action we told the provider to take at the back of the full version of the report.

Information regarding who had a current Deprivation of Liberty Safeguard (DoLS) in place, for whom one had been applied and the rationale for the application to deprive a person of their liberty was unclear. The

registered manager was initially unable to tell us who had a DoLS in place, this was also unclear when looking at people's care files.

When people were faced with decisions it was unclear how they had been involved in this decision. How they had been supported to make or contribute to the decision or how it was demonstrated that the decision made was in the person's best interests.

There were multiple documents that were used to assess a person's capacity. However, these were unclear as they did not state the decision to be made, demonstrate what information had been presented to a person or what help and support had been available to aid a person making a decision. These documents showed that in these cases the assessing of a person's capacity was not effective but was a paperwork exercise that was completed when people's care plans were written.

During the review and auditing of people's care files, the home did not use information in people's daily care records. This meant that there was a risk that opportunities for learning and improving the quality of people's care based on daily observations were being lost.

People told us that they were happy living at the home. One person told us, "I'm very happy here." Another person said, "The staff have been nice. A lot of them are very pleasant." A third person told us, "I feel safe here, if I have any problems I talk to the staff."

People's relatives told us that they had confidence in the home, the staff and the registered manager. One relative told us about their family member, "He's totally safe." Another person's relative explained, "It's brilliant here, she's safe and it's lovely, they are so lovely. I have seen staff sit and hold her hand. I have peace of mind that she is safe. It's worth it. When you know she is safe, it is such a relief." One person told us during their lunch, "I've made a lot of friends here."

There was staff training, systems and processes in place that helped ensure people were safe. People's medication was administered safely and regular audits of medication took place. The environment was safe and regular checks of its safety were made. Staff were recruited in a way that helped ensure they were safe to work with vulnerable adults and they also received training in safeguarding vulnerable adults. Assessments of the risks in people's care took place and any accidents or incidents that occurred were reviewed for future learning and prevention.

There was enough staff at the home to meet people's care needs and people and their relatives told us their needs were attended to in a timely manner. People told us that the staff were caring towards them. People's relatives told us that they were always made to feel welcome at the home. People's relatives praised the home's environment and the bedrooms. One relative told us, "Room is clean and tidy. It's very nice. They have put a bird table outside the window. He has personalised his room with personal effects." Another relative said, "When you come in the room is always lovely, they water her plants for her."

Staff told us that they were happy in their roles and felt well supported. There was appropriate training and support in place to enable staff to be effective in their role.

People and their relatives told us that they were well supported with their healthcare. One person told us, "They get the GP for me if he's needed." One person's relative said, "If there is anything wrong health wise, it gets sorted quickly with the doctors." We saw that the home worked alongside health and social care professionals.

People told us that they enjoyed the food provided at the home and there was a good variety. People's nutritional needs were monitored and met.

Each person had their own care file, we saw that these were individualised to each person and their support needs. These were completed to a reasonable standard and provided necessary information on how to support the person safely according to their needs and preferences.

People and their relatives praised the quality, variety and personal attention provided during the activities available to people both inside the home and in the community.

The manager knew people living at the home and was kind in her interactions with them. People's relatives expressed confidence in the registered manager and told us they found her approachable. People's relatives told us that any concerns raised with the registered manager were dealt with quickly.

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 was enough staff at the home to meet people's needs safely. People told us that they received attention in a timely manner.

New staff had been safely recruited. All staff received training in safeguarding vulnerable adults.

Medication was stored, administered and recorded safely.

The home's environment was safe. Appropriate risk assessments were in place and any accidents and incidents were recorded and reviewed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's consent was not always effectively sought in line with the Mental Capacity Act 2005. Appropriate records were not kept of Deprivation of Liberty Safeguards (DoLS).

Staff received training and ongoing support appropriate to their role.

People were supported with their healthcare needs in partnership with health professionals.

People told us the food was of high quality and they enjoyed it.

Is the service caring?

Good

The service was caring.

People told us they were happy at the home and that the staff were caring towards them. We saw staff treating people in a kind and caring manner.

People's relatives told us they were made to feel welcome.

People were treated with dignity; their independence was promoted and their personal information kept secure.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred, highlighting what was important to the person.

People and their relatives praised the quality and variety of activities available both in the home and in their community.

People told us that any complaints and concerns had been responded to appropriately. People and their relatives told us they were confident in raising concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The reviews of people's care were disjointed and had not always been effective. The reviews of people's care files had not highlighted the inconsistent application of the Mental Capacity Act 2005.

Other audits had been effective, such as the regular audit of medication and safety of environment and equipment used.

The manager knew people living at the home and was kind in their interactions towards them. People's relatives told us they had confidence in the manager.

The registered manager consulted with people using surveys, 'resident's' meetings and relative's meetings.

Birch Tree Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by information of concern received by the Care Quality Commission (CQC). The information shared with CQC indicated potential concerns about the care people received when supported by night time staff. This inspection examined those concerns by arriving unannounced at 5:50am whilst people were supported by night time staff.

This inspection took place on 27, 30 April and 08 May 2018. The first day of the inspection was unannounced.

Before our visit we reviewed the information, we held about the service before we carried out the visit. This included a Provider Information Return (PIR). The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

During the inspection we looked around the premises and observed the support provided to people in the communal areas of the home. We spoke with eight people who lived at the home, nine of people's relatives and friends, nine members of staff who held different roles within the home, including the registered manager. We also spoke with a GP and a health care professional, who were visiting people living at the home during our inspection.

We looked at a range of documentation including eight people's care records, a sample of medication records, three staff recruitment files, staff training records, accident and incident records, health and safety records, complaints and compliments, audits, policies and procedures and records relating to the quality checks undertaken by staff and the registered manager.

We contacted the local authority's quality assurance team for feedback about the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "I feel safe here, if I have any problems I talk to the staff." People's relatives told us they felt their loved ones were safe. One relative told us, "He's totally safe." Another person's relative explained, "It's brilliant here, she's safe and it's lovely, they [staff] are so lovely. I have seen staff sit and hold her hand. I have peace of mind that she is safe. It's worth it. When you know she is safe, it is such a relief."

At our previous inspection in January 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured that the administration of medication was consistently safe. At this inspection we saw that Improvements have been made and this service is no longer in breach of this Regulation.

We looked at the administration, storage and recording of people's medication. The administration of medication was safe and medication was stored securely at the home. Medication was stored in a dedicated room which was clean and contained hand washing facilities. The medication room was temperature controlled by an air conditioning unit and medications requiring additional cold storage were stored in a medication fridge. Regular checks were made of the medication storage temperatures.

Each person had a medication profile and medication administration record (MAR). There was appropriate guidance for staff about people's 'as and when required' medications (PRN). For one person who received their medication by a covert means the correct procedures had been followed. We saw that medication administration records (MAR) had been completed showing what medication had been administered to people. Controlled drugs were appropriately stored, we checked the stocks and records and found these to be correct.

We saw that there were stocks of boxed medication belonging to three people going back to 2017. These people now received this medication packed in daily doses. This old medication was not recorded as being in stock at the home and should have been returned to the pharmacy, we were assured that this would be done.

The registered manager told us that they had an assessed staffing level of ten carers and two nurses during the day. They calculated this on the number of people at the home and their assessed needs. People and their relatives told us they thought there were enough staff at the home. One person's relative told us, "If you need anything they [staff] are here straight away." Another relative said, "The staff team are fairly stable. I have seen a stable bunch of staff who know mum."

The staff we spoke with told us they thought there were enough staff at the home. During our inspection there was always a member of staff in the lounge so people were attended to promptly if they needed anything. There was a relaxed and unhurried atmosphere at the home.

In addition to the staffing level, some people had one-to-one support when a specific risk had been

identified, at times this was provided by agency staff. We saw that during handover between shifts the one-to-one support was allocated to a specific staff member.

People told us that they used the call bells in their rooms to alert staff when they needed support. They said that they received an answer quite quickly. One person told us, "I use my call bell for help during the night." Another person said, "They [staff] always come."

We tested a call bell and no staff member attended. When we asked a staff member, they told us that they knew the room was empty and that call bells can be switched off and the call 'cancelled' without a staff member attending the room from which the call was made. This has the potential to be unsafe. We spoke with the registered manager about this and made them aware. She told us that this will be looked into to ensure the system is safe.

There were processes in place to help ensure that new staff were suitable to work with vulnerable adults. Applicants completed an application form and attended an interview. Before being appointed people's identification was checked, references were sought and a check from the Disclosure and Barring Service (DBS) was sought. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments.

Staff received training on safeguarding vulnerable adults. Staff that we spoke with were aware of what they should do if they suspected a person was at risk of abuse. This included alerting outside organisations if appropriate.

The home had a full-time maintenance person; they ensured that appropriate checks and servicing of the environment and equipment used took place. They showed us that the home had up to date certificates for the maintenance and safety checks on the services, fire safety systems and installations at the home. There was a maintenance book for staff to record odd jobs and areas of maintenance that needed attention. We saw that this system was working and these were quickly attended to. There were also monthly room inspections of all people's bedrooms that checked that the room was safe, well-maintained and that all services were in working order. There were also periodic fire drills.

The home's environment was clean. People and their relatives told us they were happy with the cleanliness of the home. One person's relative said, "I'm happy, it never smells. I'm fussy and I'm happy." Another relative told us, "The home is clean and tidy, it's always clean." There were infection control procedures in place and a member of staff was a designated infection control champion. We spoke with a member of the cleaning team who told us that there are three or four cleaning staff members on duty each morning. They said, "It's a lovely nursing home and very friendly. I felt welcome straight away and people were helpful. I feel like I belong here."

We saw that people's care files contained risk assessments that gave guidance for staff on how to mitigate any risks identified. These included assessments of people's pressure area care, risk of falls, risk of malnutrition, risks whilst supporting a person to move and any specific identified risks such as using bed rails. We saw that people also had personal emergency evacuation plans (PEEPs). These were individualised to the needs of each person and gave guidance on how to support people to evacuate the home should an emergency occur.

The registered manager arranged for any accidents and incidents at the home to be recorded. We saw that these were reviewed by the registered manager, they were also analysed for trends and patterns for learning. For example, we saw that they were looked at by person and also by time of day. We looked at some

incident records and saw that following the incident if possible preventative measures had been put into place and the person's care plan had been updated.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We requested information from the registered manager regarding who living at the home had a granted DoLS and for whom one had been applied. The registered manager gave us a document that they used to keep track of DoLS information at the home. We asked questions on some of the information contained in the document and found that it was not up to date. For example, some people no longer lived at the home and some people living at the home were missing from the document. The tracker also lacked up to date information about the current status of people's DoLS applications.

This meant that the registered manager was not able to accurately tell us who living at the home had a current DoLS in place, for which people one had been applied for, the rationale for the DoLS application and when applications had been made. The registered manager is responsible for ensuring that people's legal rights are protected. They did not have the information available in order for them to do this effectively.

We also saw that the application of the principles of the MCA in some people's care files and in the planning of their care was confused and ineffective. For example, for one person a DoLS had been applied for twice and on both occasions their capacity to consent to their care and accommodation was assessed by a visiting professional, and it was deemed that the person had capacity. Therefore, a DoLS was not granted. The information at the home stated that person had a DoLS application pending. The registered manager told us that they had not received the outcome from these assessments. However senior staff at the home knew that these assessments took place and the outcome of these assessments should have been sought as they have an impact on a person's care.

When a specific decision needed making in this person's care, records showed that this person's family had been consulted and a decision was made in the person's best interests. However, the views of the person themselves were not recorded or no record was made of how the person was helped to understand the decision being made.

Senior staff at the home gave us different opinions as to this person's capacity to make decisions. When we generally asked about what may determine a person's capacity to make a decision, some staff at times spoke about the level of a person's physical support needs. This has no bearing on a person's ability to make decisions effectively and highlighted that some staff were not clear in their understanding of the MCA.

Some documents regarding consent in people's care files had been signed by family members when it was not clear that it was appropriate for them to do so. One particular consent form had been signed by a person's relative but the questions had not been answered, so it was meaningless. At times no capacity assessment had been done for a decision to be made that would usually prompt a capacity assessment to ensure that a person understood the decision being made or so it could be made in their best interests.

In some people's care plans, for each specific area of a person's care there was a capacity assessment document. However, it was unclear what the assessments were for as they did not record the decision that needed to be made. In the section entitled 'nature of decision' there were one-word titles that corresponded with the title of the care plan. For example, 'medication', 'communication', 'sleeping', 'cognition' and 'elimination'. There was no recording of what information had been presented to a person, what help and support had been available to help a person making the decision or what decision needed to be made. These documents showed that in these cases the assessing of a person's capacity was not effective but was a paperwork exercise that was completed when people's care plans were written.

People's consent was not effectively sought and if people lacked the capacity to consent, the service did not always act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in January 2017 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured that there was appropriate support, professional development and supervision for staff. At this inspection we saw that Improvements have been made and this service is no longer in breach of this Regulation.

New staff received a period of induction training into their role. Staff told us that there was an ongoing program of training appropriate to their role. This was a mix of face-to-face training from external training providers and computer-based learning. Each staff member had a training file and records showed that training had been completed by a high percentage of staff. In addition to standard training nurses also received additional medication administration training.

The registered manager also told us that seven nursing assistants were being supported to complete a level five health and social care diploma. They told us that this was because the provider view staff development as "really important".

We saw records that showed that staff had regular supervision meetings with a member of staff more senior to them. There were also staff meetings held periodically. We looked at the notes from one meeting and saw that the registered manager highlighted areas needing improvement, recorded training requested by staff, highlighted planned training and gave staff updates on practices at the home.

People and their relatives told us that they were well supported with their healthcare. One person told us, "They get the GP for me if he's needed." One person's relative said, "If there is anything wrong health wise, it gets sorted quickly with the doctors."

In people's care files we saw that records that showed that appropriate referrals had been made to external health and social care professionals and records were kept of their recommendations. For example, we saw records of involvement from the falls prevention team, speech and language therapy (SALT), tissue viability nurses (TVN), dieticians, podiatrist and people's own GP. Most people used the same GP, who visited the home weekly and liaised with the nurses about people's care, including completing and reviewing advance care plans when appropriate. Records were kept of GP visits and any recommendations they made. Good

working relationships had been built up with local GP's, for example we saw records of an occasion when a person's medication had been queried with their GP.

We also saw that some people's care files contained information for staff on any particular illness that the person had and how this may present itself. We saw that records were kept of nursing care provided at the home.

One visiting health care professional said about the environment, "It's got heart." Since our last inspection there has been a refurbishment and improvements of some areas at the home. One nurses station had been styled as a 1950's milkshake bar. The registered manager told us that they keep up to date with guidance on how to use décor to support people living with dementia. In other areas of the home the environment had been maintained. Each corridor had areas of interest, such as a post box, bus stop, flowers and nostalgic signs along with historic pictures and pictures of local interest. Some people had helped to choose the pictures near their rooms; some families had also brought pictures in for people. Each person had a front door style door to their room, each was painted a distinctive colour and had a number, on most of the doors was the name and picture of the person whose room it was. Other rooms that people used in the home such as the communal lounge, dining areas and toilets also had dementia friendly signs. The upstairs environment was simpler with less stimulation and the colours had been chosen by people living at the home.

People's relatives praised the home's environment and the bedrooms. One relative told us, "Room is clean and tidy. It's very nice. They have put a bird table outside the window. He has personalised his room with personal effects." Another relative said, "When you come in the room is always lovely, they water her plants for her."

People told us that they enjoyed the food provided at the home and there was a good variety. One person told us, "The food is lovely." One person's relative said, "The food is amazing, they always ask her what she wants." The kitchen had been inspected and awarded the highest score of five by the local authority food hygiene team.

There was a varied menu on offer to people of quite traditional foods. On one day we visited there was a cooked breakfast with freshly made toast. People were asked what their preference was, from cereal, toasties and cooked breakfast. One person asked for marmalade on toast, another person told us that their cooked breakfast was lovely. There was a menu comments book for people and their relatives to give feedback and make menu suggestions. The kitchen staff were aware of people's special dietary requirements and any allergies people may have and catered for these; they worked with senior care staff to obtain this information. People ate where they chose, either in the dining area or in the lounge using tray tables.

We saw, people told us and we saw in daily care notes that people were regularly provided with drinks. One person told us they liked the staff bringing them a cup of tea to their room in the night. Another person told us, "They are encouraging me to drink more because of the hot weather." If people were identified as being at risk of malnutrition or dehydration we saw that a care plan was put in place and a record was kept of the person's food and drink intake and their weight was monitored. One family member told us, "Mum stopped eating and they put a plan in place. Monitoring her fluids, eating and weight. She has since improved."

Good

Is the service caring?

Our findings

One person at the home told us, "I'm very happy here." Another person said, "The staff have been nice. A lot of them are very pleasant." A third person told us, "Some of the staff are very funny. They also make me a cuppa in the night if I want one."

We saw that there was a calm and relaxed atmosphere at the home and interactions between people and staff were positive. People's relatives told us that they thought the staff at the home were caring. One person's relative said, "The carers are lovely, when mum is in her room, staff go past and always say hello." Another relative told us, "I find they are very caring. I'm happy with these staff. They know mum and her little ways, her likes and dislikes, what upsets her and if she does get upset they know what to do." A third relative told us, "I know the staff by name, they are lovely and kind."

We saw that at mealtimes people were greeted kindly by staff and were listened to attentively. This helped people to relax and it created a friendly atmosphere. We saw that people made as many choices as possible, for example they chose where to sit and who with. One person told us during their lunch, "I've made a lot of friends here." If anybody became confused or upset we saw that they were treated with kindness and reassured in a calm manner. One person's relative praised the staff for their skills in doing this telling us about the staff, "They are pretty good at winning mum around, they are good at making judgements."

People's relatives told us that there was a friendly welcome at the home when they came to visit. One person's family member told us, "We can come any time of the day, the staff are wonderful." Another person's relative told us that when they visit they find that, "The nurses are absolutely fantastic, they give us feedback and are good communicators." A third person's family member said, "I'm always made to feel welcome and offered a cuppa. Mum settled in here really quickly, I can't believe it."

Staff members were provided with equality and diversity training. We also saw that people were asked about their faith and any other personal matters they may want to express during their initial assessment. People's relatives told us that the staff treated their family members with dignity. One person's relative told us, "Every time I come in mum is clean and has been changed."

People were supported to maintain as much independence as possible. We saw that during breakfast one person was supported to put sugar on their cereal, when it would have been quicker for the staff to do it for the person. One person's relative told us about staff, "They try to maintain people's independence." We also saw that people were encouraged to express their views during regular 'residents' meetings.

People's personal confidential information was managed appropriately. For example, care files were stored in a cabinet in the nurse's station and only people who required access to them could do so.

There were a number of recent thank you cards that had been received at the home. Quotes from them include, "Thank you for the care and dignity you gave to [name] during the time he was at Birch Tree Manor. All the staff were lovely and kindness was shown to the family.", "You looked after him with kindness and

dignity." And, "Thank you for your care and kindness throughout the year."

Good

Is the service responsive?

Our findings

We had received information of concern that overnight and in the morning people were not receiving care and support that met their needs and preferences.

We arrived at the home at 5:50am unannounced on the first day of our visit. We saw that three of the 56 people living at the home were in the lounge areas. One other person was receiving care in their bedroom. All other people were in bed. Of the people that were out of bed, one person was watching television, one person was eating breakfast and another person was resting in a chair. Staff told us that people had wanted to get out of bed. One person had been unsettled this particular night and had decided to get up, another person was an early riser and was in the habit of getting up early. We looked at the person's previous daily care records and saw that this was often the case. Overall staff were knowledgeable about people's preferences and knew who liked to get up early and who liked to get up later on in the morning. One of the people's relatives told us, "Mum is an early riser…she seems to sleep well and dozes off in the afternoon." One staff member told us, "At 8am about half of the people living at the home are up. It goes on people's preferences, a few people are early risers, some late risers." We found there was no evidence that people were awoken and got out of bed early against their wishes.

We also looked at the records that staff had been completing overnight. We saw that different records were kept depending on the person's assessed need. For example, some people were checked more frequently and others repositioned every two hours overnight and we saw the records that had been made of this. Individualised records for people with specific overnight care needs had been completed overnight and were up-to-date. Some general observation records lagged a little behind time as the night staff had not yet completed them, however this was for about an hour. In a different floor within the home on these records certain details had been pre-written ahead of time, to be added to and signed off after they had been completed. This is a poor practice and can lead to errors in the documentation if events don't turn out as planned.

Before moving in to Birch Tree Manor an assessment of a person's needs was completed. This covered important information that the staff would need to know about a person to assess their needs. One person's family member told us, "They did an assessment on my mum in hospital."

Each person had their own care file, we saw that these were individualised to each person and their support needs. These were completed to a reasonable standard and provided necessary information on how to support the person safely according to their needs and preferences. For example, what support people needed with personal care, or support with pain relief and the administration of as required medication.

The care plans were produced in a person-centred way, highlighting what was important to the person. We saw a 'life and times of [name]' document were people can share their life story, including family and children and significant events in their lives they may wish to talk about. We saw in one person's plan it recorded that the person was a Catholic and will recognise old church hymns. It also recorded what the person found emotional and what sort of things make them laugh, cry and angry. All important information

when caring for a person.

People's relatives told us that they were involved in people's assessments and putting together people's care plans. We saw that people's care plans identified what records and observations it was necessary to make in order to ensure the person was receiving appropriate care responsive to their needs. For example, some people had their food and drink intake recorded, people had their engagement in activities recorded. People had their personal care, support with repositioning and staff observations recorded, there were different levels of observations, from every two hours to every fifteen minutes depending on the risk identified. With one relative we looked at a person's current weeks food chart for their food and drink intake, we saw that this had been completed and showed that during the week only one meal had been refused. The record reassured staff that the person was eating enough food to remain healthy.

There were indications that at times records were not always filled in accurately, or were filled in retrospectively after events had occurred. This may lead to inaccuracies in the records. For example, for one person we saw had recorded that they had refused their lunch, however they were out for lunch with a family member.

People told us of the activities that were available to them at the home. People spoke positively of, visiting choirs, visiting pets, going to local theatres, going out on mini bus trips, walks in the local neighbourhood, movie nights, chair based exercises, visiting local social clubs and community centres and having shopping days.

People's relatives praised the personalised attention and variety of activities people became involved in. For example, some family members have made connections and become members of local community groups that their relatives attend and now attend with them. One family member told us how their relative was supported to go to a recent Royal Air Force reunion and to keep in touch with old colleagues. They told us, "We went to the RAF reunion. He was so happy, people kept on shaking his hand. We also went to the Remembrance Sunday service." This support helped people to maintain their connections.

One relative told us, "They do knitting, play games and they bake things. The home has a wonderful summer fair, all the family comes. The activities co-ordinator is enthusiastic and has showed me photos of mum doing things. This gives me peace of mind." Another relative told us, "It's the best place for activities. The co-ordinator is conscientious."

The activities co-ordinator was very positive about their role and was very engaging with people and their relatives. They told us that they had been working with the Princes Trust, Involved in Dementia Awareness Week, worked with the local MP and using befriending as a way of making community connections at the home. The co-ordinator also worked with a local committee of interfaith churches to support people at the home to express their faith by visiting churches of different denominations and having local clergy visit the home.

The home had participated in different fund-raising activities which helped to raise funds to expand the activities available to people. The home was also involved with the local activity co-ordinators forum, where they shared ideas and resources with different care providers in the local area.

We spoke with the activities co-ordinator. They told us, "I think it's important to get to know people and then take the lead from them." They also told us that activities are discussed at each resident's and relative's meetings to gain their feedback and thoughts. They told us of one person who when they arrived at the home one year ago didn't usually leave their room. They have been supported to make contact with old

friends and over time has started going out from the home into their community. The activity co-ordinator told us of the importance of community within the home and some people trying new things because they say, "If she can do it, I can do it." Which has led to people trying new things and positive outcomes.

The complaints policy for the home was clearly written and was displayed in the entrance area of the home, the policy gave the contact details of staff the concern could be raised with. People's relatives told us that any concerns raised with the manager were dealt with quickly. The complaints process gave people the contact details of the provider, local authority and Care Quality Commission who people may contact if necessary. People's relatives told us they had confidence in the registered manager if they had any concerns. One relative told us, "I had one concern, it was dealt with great and straight away." Another relative said, "Two times I have spoken to the manager, both times things have been sorted out and they put their actions in a letter to me. I appreciated the follow up."

Requires Improvement

Is the service well-led?

Our findings

The registered manager completed periodic reviews of people's care files. This was of 10% of people's care files or between five and six people's files per month. This meant care plans were reviewed by the manager about once-a-year. We saw that the system for recording these checks was not consistently applied and some people's care files had been reviewed more than once whilst others had not.

We asked what information was reviewed during a review of a person's care by the registered manager or other senior staff. People's daily care records and charts once completed were stored in folders to be archived. There was no system in place to review these notes by a senior member of staff or use the information within these daily records to inform reviews of people's care. This meant that the system used for recording people's daily care was disjointed from the care planning and reviewing process. There was a risk that opportunities for learning and improving the quality of people's care were being lost.

The application of the principles of the Mental Capacity Act (2005) was inconsistent. On the first day of our inspection the registered manager was not able to clearly tell us who had a DoLS in place, who had one applied for and the rationale for the application of a DoLS. The principles of the Mental Capacity Act were not embedded in people's care planning and was applied inconsistently in the provision of the care people received. This had also not been highlighted by the reviewing of people's care files.

In other areas checks and audits had been effective. There had been improvements in the safe administration of medication since our previous visit. We saw that there now were monthly medication audits arranged by the registered manager.

The registered manager knew people living at the home and was kind in her interactions with them. People's relatives expressed confidence in the registered manager and told us they found her approachable. One relatives told us, "I feel if I have a problem that I can talk to them." Another relative told us they communicated with them. They said, "She gets in touch when things happen" and then gave us an example of when they had found this helpful. A third relative told us, "[Name] sorts things out quite quickly."

The registered manager told us that they enjoyed their role. They said, "I care about people and the staff here. I know many of the staff personally. You have to care to be able to do a good job."

We saw that the registered manager has arranged that each Friday there are four extra places set up for fish and chips at the home. This is for people who live in the local community to come and enjoy dinner with people who live in the home. There is no charge for the dinner and the aim is for people at the home to have opportunities to build relationships with local neighbours of the home.

The registered manager told us that she ensured that people's care was "good and safe". To do this she completed regular walks around the home, during which she completed a number of checks, for example on call bell responses. The registered manager held staff meetings and resident's meetings, she also reviewed the incidents and accidents that happened at the home, looking at patterns.

The registered manager told us that they were focusing on developing the leadership of each department of the home. There was now a daily 'head of department' meeting, during which the needs of any people who had recently moved to the home, anybody who's needs were changing along with any recent matters arising. The registered manager told us that this had been a positive change at the home. The registered manager also regularly completed a manager's walk around focusing on different areas of the home.

The registered manager arranged an annual satisfaction survey to be completed by the activities co-ordinator. A survey had recently been sent out and so far over 20 mostly positive responses had been received. We saw that the feedback from the responses in previous years had been collated and looked over by senior staff members. There were also consultation meetings for people who lived at the home and meetings for people's relatives to receive updates and have an opportunity to speak with a senior member of staff.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Because people's consent was not effectively sought. When people lacked the capacity to consent, the registered manager did not always act in accordance with the Mental Capacity Act 2005.