Lilacs Care Limited

The Lilacs Residential Home

Inspection report

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Date of inspection visit: 9 and 13 January 2015
Date of publication: 27/04/2015

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

Overall summary

The inspection took place on 9 and 13 January 2015 and was unannounced. The service was previously inspected on 9 June 2014 when we found the service was not meeting people's needs in respect of their care and welfare. There were also concerns about the cleanliness of the home and the systems they had in place to prevent infection. The service did not have adequate systems in place to assess and monitor the quality of the services provided. During this inspection we found improvements which meant that these concerns had been addressed

The Lilacs is a care home which is registered to provide care for up to 29 older people. The home specialises in the care of older people but does not provide nursing care which is provided by community nurses. Some people living at The Lilacs had a dementia type illness. There were 26 people living at The Lilacs at the time of this inspection.

There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

There was a friendly and relaxed atmosphere in the home. Staff offered people support in a kind,

Summary of findings

understanding and respectful manner. People were given friendly encouragement to make choices about their day and support them to retain as much independence as possible. People and their relatives and visitors said they were happy living there. Comments included "The care seems very good – definitely," and "Very good. They are all lovely. It's fun. There's plenty to do."

People were consulted and involved in daily routines in the home. Resident's meetings were held regularly and their views and suggestions were listened to and acted upon. There was a wide range of activities provided twice a day to suit most people's interests.

Since the last inspection a number of changes and improvements had been made. The management structure had been strengthened by ensuring all senior staff understood their roles and responsibilities. A range of monitoring systems had been put in place to make sure essential tasks were carried out. A key worker system had been put in place and all staff were given the task of reviewing and updating care plans and risk assessments.

Care plans had been improved and provided more detailed and thorough risk assessments. Risks such as weight loss or pressure sores had been assessed and reviewed regularly and actions had been taken to reduce those risks where possible, for example through the use of pressure relieving equipment. There were clear explanations showing how people wanted to be assisted with personal care tasks. Relatives told us they were confident staff spotted any changes in health needs promptly. Medical professionals we spoke with told us the staff were competent, sought their advice appropriately, and people's needs were being met.

There was a stable staff team, many of whom had worked in the home for several years. Staff said there was good teamwork and a happy working atmosphere. The staff knew each person well and took a pride in making sure every person received a good standard of care. They told us it was a good place to work. People said there were enough staff on duty at all times of the day and night to meet their needs.

Care was taken when recruiting new staff to make sure applicants were entirely suitable for the job before they began working in the home. New staff received thorough induction training and all staff received training and updates on relevant topics. The level of staff holding a relevant qualification was very high, with almost every member of staff having gained, or in the process of gaining a National Vocational Qualification or equivalent.

There were systems in place to ensure the home was clean and hygienic. We looked around the home and saw that the building had been well maintained. All areas were warm, comfortable and homely.

A member of staff administered the midday medicines safely using the home systems. Medicines were stored and administered safely.

People said they felt safe. The staff understood how to recognise the signs of abuse and were confident the registered manager or provider would listen and act on any concerns appropriately. They had received training from the local authority safeguarding team and knew how to contact them if they suspected any persons were at risk of abuse.

Summary of findings

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. People told us they felt safe living at the home. Staff understood how to recognise signs of abuse and what to do if they suspected a person had been abused. Health risks were assessed and identified and appropriate actions taken.

Safe methods of staff recruitment had been followed. There were enough staff to meet people's needs.

The home was clean and actions had been taken to reduce the risk of infections.

Medicines were stored and administered safely by competent staff.

Is the service effective?

Good

The service was effective. People had confidence that the staff had the skills and knowledge to meet their individual needs. Relatives told us staff were competent, knew each person well, and noticed any changes in their health and sought medical attention promptly.

Staff had the qualifications and training to provide effective care for people.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of people's legal rights and the importance of seeking people's consent before providing care or treatment.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People were consulted, listened to and their views were acted upon.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Is the service responsive?

Good

The service was responsive. People were confident the staff knew them well and understood how they wanted to be supported with their personal care needs.

People made choices about all aspects of their day to day lives. There was a wide range of activities provided each day to suit people's interests.

People were consulted about all aspects of daily life in the home and their views were listened to and acted upon. Procedures for listening to and addressing complaints were effective.

Is the service well-led?

Good

The service was well led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There were good systems of communication and teamwork.

Summary of findings

The management structure had been strengthened since the last inspection and this had improved the lines of accountability and responsibility throughout the management and staff team.

The Lilacs Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 took place on 9 and 13 January 2015 and was unannounced. At the time of this inspection there were 24 people living in the home.

The inspection was carried out by one inspector. During our visits we spoke with the registered manager and the provider's son, who regularly worked in the home carrying out an administrative and quality monitoring role. We also spoke with five care staff, six people who lived in the home, five relatives, a hairdresser and two community nurses. We also observed care given to people in the communal areas of the home. We looked at the care records of four people who lived in the home. We observed medicines being administered and checked the storage and administration of medicines. We looked around the home. We looked at the records relating to the safe management of the home and quality assurance including staff recruitment, training and supervision.

Before this inspection took place we received information from health care professionals raising concerns about the safety of some people living at The Lilacs. During this inspection we found that actions had been taken to improve the service and these had been effective.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events which the service is required to tell us about by law. We contacted three health and social care professionals to ask their views on the service and we received responses from two, including a GP and a social care professional.

Good

Is the service safe?

Our findings

People told us they felt safe. A relative said "The care seems very good" and they felt confident they could raise any concerns with the registered manager and these would be addressed satisfactorily. Two relatives said when they had raised concerns these had been listened to and addressed.

Before this inspection took place information received from health care professionals raised concerns about the safety of some people living at The Lilacs. Five main areas of concern were identified:

- Pressure area care
- Continence and elimination
- Making appropriate/timely referrals
- Risk assessment and care planning
- Infection control

A multi-agency safeguarding investigation began in August 2014 which included visits by specialist safeguarding professionals . They gave advice and support to the staff team at The Lilacs to help them understand the concerns and how they could make improvements.

During this inspection we looked at the actions taken by the home since the last inspection and since the safeguarding investigation. We found these had been effective. A new management structure had been implemented giving senior staff clear roles and responsibilities. Senior staff had received training on care planning and risk assessments and this had become a shared responsibility for all senior staff.

Pressure area care had improved. Nationally recognised tissue viability risk assessments were in place and these had been regularly reviewed. Community nurses told us they were satisfied staff were following safe practice. Care records contained detailed information on the risk of pressure wounds occurring. The assessments included the need for adequate nutrition and fluid intake, regular turning or movement to relieve areas at risk of pressure and the equipment required to reduce the risks such as specialist mattresses and cushions.

Fluid and nutrition charts had been completed for those people identified as being at risk of dehydration, malnutrition, or pressure wounds. Staff were able to describe people's fluid and dietary intake needs, how to identify signs of concerns and the actions they should take.

Actions had been taken to ensure people received safe care in connection with continence and elimination. All staff had received training on catheter care. Detailed information has been drawn up and given to staff on continence care. Systems had been put in place to make sure people were offered regular assistance with their toileting needs and we saw staff supporting people to go to the toilet regularly throughout our visit.

Staff had recently completed training and updates on moving and handling. Risk assessments had been completed on each person explaining clearly their moving and handling support needs.

Systems had been improved to help staff identify and record accidents and injuries. Body maps had been put in place. Reporting procedures were in place to ensure medical attention was sought promptly when necessary and relevant authorities notified appropriately of any injuries or concerns.

Staff had received training on safeguarding procedures since out last inspection, including input from a member of the safeguarding team at a staff meeting. Staff said they had found the input had been helpful. They were confident they could raise any concerns with the management team and they knew how to contact the local authority safeguarding team.

Infection control procedures had improved. Most staff had received training on infection control in the previous five years and further training was booked for all staff in the near future. All staff had received food hygiene training. Paper towels and liquid soap dispensers had been installed in all bedrooms, toilets and bathrooms. New procedures had been put in place for keeping equipment such as toilet brushes clean and hygienic. There were systems in place to ensure all cleaning tasks were carried out regularly and effectively. However, there were insufficient hoist slings in each size to allow them to be washed regularly. After the inspection the registered manager confirmed new slings had been purchased to ensure there were at least two slings of each size required and regular washing routines were in place.

All bedrooms, toilets and communal areas of the home were clean and hygienic. However the floors and walls in the laundry were showing signs of wear which would make them difficult to keep clean. Clean and dirty laundry was stacked in baskets on the laundry floor. This meant there

Good

Is the service safe?

was the risk of cross infection in the laundry. Action was taken immediately to provide shelving and individual laundry baskets in the laundry room which meant clean washing was no longer left in a basket on the laundry floor. The provider's son said they would take prompt action to improve the laundry walls.

There were sufficient staff to meet the needs of people living in the home. There were 24 people living in the home. On the first day of our inspection the manager, a senior care staff and four care staff were on duty. There was also a cook and cleaning staff employed. Staff were busy, but able to respond promptly when needed. Call bells were answered promptly. Staff gave people individual attention and tasks such as assisting people to move were carried out at the person's own pace. Relatives and people living in the home said there were enough staff. One person said "There are enough staff. Staff answer the call bell very quickly." Another person said "Sometimes there are not enough staff but this is only at odd times. Otherwise it's OK. There always seem to be staff around." Two community nurses said they thought staffing levels were sufficient to meet people's needs.

Staff were recruited safely. Records for two staff recruited since the last inspection contained evidence that safe procedures had been followed to make sure the applicants were suitable before they began working in the home. This included at least two references, including the most recent employer and carrying out Disclosure and Barring Service (DBS) checks showing the applicant were suitable to work with vulnerable adults.

Safe systems of storage and administration of medicines were in place. A member of staff administering the midday medicines checked each person's records before taking the correct medication from the packaging and giving to the person. They then signed to confirm the medicines had been given. No-one living at the Lilacs administered their own medicines although staff said they could do so if they wished.

Medicines were supplied every four weeks by a local pharmacy. There were safe systems in place for checking and recording medicines received into the home. The pharmacy also supplied printed medicine administration recording charts (known as MAR charts) and these were completed accurately by staff with no unexplained gaps. A member of staff said when gaps in the records had been found in the past these had been reported to the registered manager promptly, investigated and appropriate actions taken.

Where people received medicines prescribed on an 'as required' basis there were clear instructions to explain to staff when and how these should be given. These included information about how to recognise signs of pain. Recording systems were in place in each person's bedroom for creams and lotions administered. Staff had received training on medicine administration.

Medicines that could not be supplied in four weekly blister packs were checked at the end of each period and the amounts remaining in the home were recorded on a brought forward system. One MAR chart had been handwritten and was difficult to follow. We spoke with the staff and they immediately put in place a new MAR chart with clearer information that was easy to understand and follow.

A member of staff said they had experienced difficulties occasionally in the past when people were admitted for respite care as they sometimes brought medicines with them that had been dispensed from the original packaging into pill containers. This meant staff did not know what medicines were being administered. We looked at the home's medicine administration policy and found it did not explain the procedure to be followed when people were admitted for respite care. The manager agreed to amend the policy to explain safe medicine administration procedures to be followed before people were admitted to the home for short respite periods.

Good

Is the service effective?

Our findings

People had confidence in the staff to have the skills and knowledge to meet their individual needs. One relative talked about the person's health and care needs and said they were confident the staff understood how the person's mobility fluctuated at different times of the day. They said the staff understood the person needed to use a wheelchair in the mornings, but at other times they could walk safely as long as they used a walking frame. Another relative said "I am happy that he is well looked after. Staff know him well." They added the staff contacted them promptly when anything happened. During a recent visit they had noticed signs the person may have had a urine infection. They mentioned this to the staff and found they had already noticed it and had taken appropriate action to contact the person's GP for tests. This had reassured the relative that staff were competent and were "keeping an eye on him."

Two community nurses said they were confident people's needs were being met as staff were receptive to advice and followed their advice correctly. The staff knew when to contact the nurses for advice or treatment and were competent. There were good systems in place to make sure care tasks were delegated to staff appropriately each day and this meant essential care tasks were not missed. A GP we contacted after the inspection told us "Whenever I go there the patients are always up, dressed, and gathered socially in the main living rooms; the place smells clean, the food smells attractive."

There was low staff turnover. This meant many of the staff had worked in the home for several years, knew the people living there very well and understood their needs. Staff were able to say how they cared for each individual to ensure they received effective care and support. For example, a member of staff explained a person's complex health needs which caused them severe bouts of pain. They described how medication to control pain caused sickness which affected their appetite. They explained how they monitored and supported the person to control the pain and sickness which meant the person had maintained a safe weight.

Care plans described how to communicate with people who had difficulty expressing their views, for example due to dementia. Staff were able to explain how they communicated with people, for example a member of staff described how they offered a person a choice of clothing and looked for a smile to confirm the items the person wanted to wear.

Staff received training and supervision which meant they were able to undertake their role effectively. This was confirmed by the staff we spoke with who told us about the training courses they had attended. One member of staff said the training on dementia care had been particularly helpful and had given them some helpful and effective ideas for improvements and changes in the way they supported people.

A training matrix showed staff had received training relevant to people's needs. This included training and updates on health and safety, first aid, food hygiene, moving and handling and fire safety. All staff had received training on safeguarding, and 15 staff had received training on the Mental Capacity Act. Staff had also completed dementia, end of life care, optical awareness and equality and diversity. Further training topics had been booked for the following three months. 19 staff had achieved a relevant qualification such as National Vocational Qualifications (known as NVQs) to level two or three. Six staff were in the process of achieving further relevant qualifications. New staff received a basic introduction on their first day then completed an induction workbook over the first few weeks covering all essential areas of care. Staff were encouraged to begin NVQ training shortly after completion of their induction training.

All staff had received individual supervision approximately every three months. Staff said this was an opportunity to discuss any concerns they had and training needs. They also said they could approach the registered manager at any time for advice or support. Annual appraisals were in the process of being carried out. Staff meetings were held regularly and were minuted.

The registered manager and staff had a clear understanding of the Mental Capacity Act (MCA) 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other relevant professionals. For example, a member of

Good

Is the service effective?

staff described how community nurses had helped them complete a mental capacity assessment for one person who needed regular blood tests but sometimes refused. The staff understood it was the person's right to do so and said the test would be offered again every few days until the person was happy to agree to the test. Staff recognised that sometimes people did not always make the best decisions, but it was their right to do so.

The registered manager was aware of recent changes to legislation and had made one application for a DoLS (Deprivation of Liberty) authorisation. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware that other people in the home may also have had their liberty restricted due to their lack of capacity to make decisions relating to their safety. They were considering the need to make further applications for these people in the near future.

People were offered a varied menu. There was a four weekly menu displayed in the dining area which showed the main meals offered each day. The menu showed one main meal was offered at lunch time with a range of alternative suggestions if people did not like the main meal. A member of staff said people regularly requested alternatives such as salad, jacket potato or omelette and said they could have "anything they liked." They gave examples of food people regularly requested as an alternative. One person said they liked the food and had no complaints. A relative told us the food was "quite good. They seem to know what Dad likes and what he doesn't like (for example, curries). They encourage healthy eating and weight control. They always come around and tell him what's for lunch and give him a choice."

Individual dietary needs had been assessed and identified. The records showed the staff had recently sought advice from a dietician about a person who had not been eating well. They explained how they were following the advice. People were weighed every week. Staff had been instructed to report any changes in people's weight to the senior care worker who would then take appropriate action. We saw evidence they had sought advice from GP's on individuals who had recently lost weight. They understood the importance of offering different foods, such as high calorie foods, to help people maintain a healthy weight.

Most areas of the home were well decorated and maintained. They were comfortable and suitable for the needs of people living there. The provider was aware of the areas of the house that were subject to high wear and tear said there was a regular programme of redecoration for all areas. Bedrooms were redecorated when they became vacant, or when required. People were encouraged to bring items of furniture and personal effects to make their bedroom feel homely.

There was a shaft lift between each floor. In one part of the home there was a short flight of stairs and handrails had been installed to help people walk up or down safely. There were pictorial signs on doors such as toilets, bathrooms and bedrooms to help people with memory difficulties find their way around the home. The registered manager described how staff regularly discussed issues relating to access around the home and considered ways of making it safer and easier for people.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. We watched staff assisting people to move in the communal areas. Staff were attentive and offered support promptly when people asked for help. The staff gave people time to move at their own pace and during all interactions the staff chatted to them in a friendly, respectful and reassuring manner. We saw staff knocking on bedroom doors before entering.

A person suffering from memory difficulties repeated the same question every few minutes. Staff constantly reassured the person every time they walked past, answering their questions and offering alternative activities to divert the person's anxiety. One member of staff who shared the person's interests knelt down next to the person to talk with them. They gave the person time to express their anxieties and showed compassion and understanding. At the end of the conversation the member of staff offered to walk with the person to another part of the room where they could join other people for more conversation. We saw them walking together arm in arm, heads leaning towards each other in mutual caring and understanding.

People said the staff were caring. Comments included "They are all lovely" and "The staff are always nice. You pick up a nice atmosphere here. It's the same feeling every time I visit" and "I am happy that he is well looked after. The staff know him well."

In the last year the home had received 12 written compliments from relatives about the care given by the staff team. Comments included "(the person) loves the home and the care given," and "The last few months of his life were happy ones. He had company and was well cared for" and "We as a family have our lives back as we know (the person) is well cared-for and content."

A community nurse said "The staff are always polite, pleasant, caring. They have a joke – it's fun, friendly." They also described how privacy was respected. For example if people did not want to go to their rooms for treatment, the staff made the ground floor office available for the nurses to see people privately. They talked about a person who was sometimes very tearful and muddled and said the staff were always kind, giving the person their time and reassurance.

Staff had a good understanding of each person and spoke about people in a compassionate, caring way. For example, a member of staff described their concern for a person who had recently lost weight. They had spoken with the person's GP who was unable to offer any supplements or medical treatment. They explained how the staff encouraged and 'tempted' the person with the foods they knew the person liked. For example they often gave the person a small tin of spaghetti with bread and butter as they said the person "loves that."

People were involved in decisions about the home and daily life. Resident's meetings were held every month. A copy of the minutes of the meeting held on 13 November 2014 showed people had been consulted about the music they wanted to listen to, including radio programmes. People chose the activities they wanted for the next month. They also discussed the menus and made suggestions for changes to the menus.

In 2014 people were asked to complete a questionnaire which included questions about the attitudes and competence of staff, and respecting people's rights. Out of the twelve responses received, eleven people responded positively. The manager told us about the actions they planned to take to investigate one negative response. Relatives and advocates were also asked to complete a questionnaire and nine people responded. All of the responses to questions relating to the care people received were positive.

People were able to make choices. The care plans explained to staff how to offer choices. Staff explained how they offered choice, for example one staff said they offered people with memory problems a choice of two different outfits when they were helping them to dress. They understood that a wider choice of clothing may become bewildering for some people. Another member of staff said people were offered choices about all aspects of their daily lives such as when they wanted to get up, when they wanted to go to bed, and if they wanted a bath or a shower. They said staff accepted people's decisions.

Care plan files included documents called Treatment Escalation Plans for each person. These documents had been completed by a medical professional who had discussed with people their wishes about resuscitation if they suffered a cardiac arrest, for example one record stated "Patient tells me he would like nature to take its course." The staff knew where the forms were kept and

Good

Is the service caring?

could produce the documents quickly in an emergency. The registered manager also said they were aware of those people who had drawn up a Living Will. They also held records about relatives who had been granted Lasting Power of Attorney. This meant people could be confident their wishes would be respected at the end of their lives.

A community nurse said they were confident that people received good care at the end of their lives, describing a person who had died a few months earlier. They said the staff had been very good – they had listened and followed their advice and they were satisfied the person received the right care.

Staff explained the care people received at the end of their lives. This included people with high care needs, who were unable to get out of bed who were turned regularly every hour. Food and fluid intake was monitored closely. Recording systems were in place to show that staff had supported a person at the end of their life providing care regularly and ensuring the person was closely monitored. Staff gave examples from their own family experiences which had helped them to understand the importance of compassionate care at the end of every person's life. They were confident people at The Lilacs received the best possible care at the end of their lives.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. Staff had a good knowledge of the people who lived at the home and were able to explain how each person wanted to be supported and what was important to them.

People's needs were assessed before they moved into the home. A plan of care was drawn up and agreed with them which meant staff had information about their care needs as soon as they moved in. A relative said the registered manager had visited the person in hospital while the relative was present. They were satisfied the assessment had been thorough.

Since the last inspection the care plans had been improved to provide greater information on all areas of people's needs. A new key worker system had been introduced and staff had been given responsibility for carrying out regular care plan reviews with people and agreeing with them any changes or updates were needed. Staff said this worked well. Reviews and changes to care plans had been recorded on separate review forms. These had been hand written. Staff told us they liked the new care plans and found them easy to use and informative. We spoke with the manager about the layout of the care plan files to find out if staff could access information about each person's current care needs quickly. During our visit the manager produced a typed version of one care plan. They said they planned to introduce typed care plans for every person in future as they thought these would be easier to read, and to update.

Daily reports had been completed for each person and these provided good information about the care provided throughout the day and night. For example, one record showed at two am, four people were awake and sitting in the conservatory. A member of staff described people's sleeping routines, particularly those people with dementia type illnesses. They said they encouraged people to have regular night time sleeping routines where possible. For example, one person recently experienced difficulty sleeping at night so staff had spoken with the person's GP who had prescribed a short dose of medicines to help the person sleep. This had been effective and the person's sleep pattern has since improved. The records also showed staff offered people drinks or snacks during the night if they were unable to sleep and this helped some people settle.

Daily reports contained information about each person's daily health and personal care needs. The reports showed that where staff noticed changes in people's health needs they had sought appropriate medical advice and treatment promptly. For example staff had noticed a person's hernia had become bigger. There were records showing conversation's with the person's GP, who had visited and had given advice. We also saw records of communication with specialist health staff such as a dermatologist, dietician, and Parkinson's nurse.

Risk assessments had been improved since the last inspection. Risks relating to nutrition, skin care, moving and handling, oral hygiene, sight, hearing, continence and elimination had been assessed and regularly reviewed. Any changes in risks had been highlighted in the care plans.

There were handover sessions between each staff shift. This meant staff were given verbal information about each person and any changes in their health or personal care needs. Staff said there was good staff support and team work. A member of staff commented "Things run smoothly."

A GP said "My patients seem happy there; the staff come across as interested and knowledgeable about their patients."

People said there were plenty of activities offered to suit most people's interests. Comments included "it's fun. There's plenty to do." A programme of daily activities was displayed for the month of January 2015. This showed group activities had been planned for each day, both during mornings and afternoons. Activities included quizzes, games, newspaper reviews, reminiscence, knitting club, board games and exercises. There were also cooking sessions, for example people made pizzas during one of our visits. People were also arranging flowers for display around the home. Professional musicians visited the home during the month to provide singing and dancing entertainment. The activities programme also offered daily outings, weather permitting.

Staff gave people individual attention for such activities as nail care. Hairdressing was also regarded as a social activity. We heard people discussing hairstyles during the hairdresser's visit. People were asked if they wanted to have their hair done. Staff told us about support and activities they offered when people were feeling low or upset, such as 'pampering' sessions. A professional

Good

Is the service responsive?

hairdresser who was visiting the home on the day of our inspection said the staff always spoke with people in a kind way, and staff had enough time to give people individual attention. They said relatives and visitors were always made welcome and “People seem happy here.”

Complaints were addressed effectively. Records of two formal complaints received since the last inspection showed the matters had been fully investigated and a range of actions had been taken to address the issues raised and reduce the risk of recurrence. The records showed the manager had checked with the relatives who raised the complaints to make sure they were satisfied with the outcomes. People who lived in the home, relatives and staff told us they knew how to make a complaint. They were confident they could raise any complaints, concerns or grumbles and knew these would be addressed promptly and satisfactorily.

Good

Is the service well-led?

Our findings

Since our last inspection a number of improvements had been made to the structure of the management team. At our last inspection we found learning from incidents did not always take place. People's care had not always been reviewed and their support plans had not been amended in a timely way, for example following falls. The registered manager and provider looked at these concerns and considered how to address them. The actions they took included the introduction of a new key worker system and the roles of the senior care workers were strengthened to ensure they understood their responsibilities. Systems were put in place to ensure that incidents were reviewed and acted upon. This meant there were clear lines of responsibility within the staff team at all times and essential management tasks were carried out effectively. Since our last inspection the number of incidents and accidents had reduced.

People said the home was well managed and they were confident they could approach the registered manager if they had any concerns or complaints. Staff comments included: "Everything runs smoothly" and "It's a good place to work."

There was an open culture within the home. Staff were consulted through regular staff meetings. For example, staff had recently suggested a stair gate should be considered at the top of a flight of stairs. The manager said they had discussed this with the staff, looked at the risks, and decided a stair gate might present greater risks if people tried to climb over it. They said this was constantly kept under review and they welcomed staff raising such matters.

People's views on the service had been sought in various ways, including residents meetings, care plan reviews, and through surveys. We were given the results of surveys completed by people living in the home and by relatives and advocates during the previous year. This showed that most people thought the service was good, very good or excellent. Minutes of the resident's meetings showed that people's views and suggestions had been listened to and acted upon, for example it was agreed the local church and primary school would be contacted as people said they really enjoyed visits from members of the church and school.

The registered manager and provider had put in place a range of monitoring systems to make sure the staff were carrying out tasks correctly. These included checks to makes sure care plans had been reviewed and updated regularly. A member of staff said staff had received training and understood their responsibilities including what needed to happen when the registered manager was not on duty. Monitoring forms had been completed to check that staff had received training and updates on the use of all equipment in the home.

Senior care staff completed daily check lists to show they had checked that essential tasks had been carried out. These included checks to make sure staff had completed daily reports on each person, food and fluid input and turning charts had been completed, toilets were clean, incident reports completed, and the menu book filled in. Senior staff were also responsible for completing a range of weekly checks. Weekly allocation forms showed which members of staff had been allocated to provide personal care to each person every day. This meant people could be confident their daily care needs would be fully met.

Notifications of deaths and serious injuries have been submitted to the Care Quality Commission promptly in line with their legal responsibilities.

Medicines audits were carried out weekly and were recorded. Staff also carried out fortnightly topical medication checks to ensure the records had been completed correctly and stock levels were satisfactory.

During our inspection a member of the provider's family carried out monitoring checks on the building and services. These were recorded and were carried out on a daily, weekly or monthly basis. The checks helped them identify any areas where improvements were needed and they had plans in place to ensure these will be carried out in a timely way. They told us about areas they had decorated or improved as a result of their monitoring checks.