HC-One Limited

Windsor Court

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?	Requires Improvement

Summary of findings

Overall summary

We carried out this inspection on 7 March 2016. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Windsor Court is a purpose built care home within the town of Goole. It provides accommodation and care for up to 77 people. The service has four units and looks after older people, people with a physical disability and people who have a dementia related condition.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post who was registered with the Care Quality Commission (CQC). 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.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had not informed the CQC of all significant events. This meant we could not check that appropriate action had been taken. This was a breach of a regulation. You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's assessed needs. Staff had been employed following appropriate recruitment and selection processes and we found that the recording and administration of medicines was being managed appropriately in the service.

We found assessments of risk had been completed for each person and plans had been put in place to minimise risk.

The home was clean, tidy and free from odour and effective cleaning schedules were in place. It was decorated to a high standard and people's rooms were personalised.

We saw that staff completed an induction process and they had received a wide range of training, which covered courses the home deemed essential, such as, safeguarding, moving and handling and infection control and also home specific training such as dementia awareness.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and we found that the Mental Capacity Act (MCA) (2005) guidelines had been fully followed. The home did not use restraint but the registered manager understood the process to ensure that any restraint was lawful.

People's nutritional needs were met. People told us they enjoyed the food and that they had enough to eat and drink. We saw people enjoyed a good choice of food and drink and were provided with regular snacks and refreshments throughout the day.

People told us they were well cared for and we saw people were supported to maintain good health and had access to services from healthcare professionals.

We found that staff were knowledgeable about the people they cared for and saw they interacted positively with people living in the home. People were able to make choices and staff supported them to maintain their independence.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. Care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported.

The home employed activity coordinators and offered a variety of different activities for people to be involved in. People were also supported to go out of the home to access facilities in the local community.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that any comments, suggestions or complaints were appropriately actioned.

We found the provider had audits in place to check that the systems at the home were being followed and people were receiving appropriate care and support.

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.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise and respond to signs of abuse to keep people safe from harm.

Risk assessments were in place and reviewed regularly which meant they reflected the needs of people living in the home.

The home had a robust system in place for ordering, administering and disposing of medicines.

Is the service effective?

Good

The service was effective.

Staff had received an induction and training in key topics that enabled them to effectively carry out their role.

The registered manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS) and we found the Mental Capacity Act 2005 (MCA) guidelines were being fully followed.

People enjoyed a good choice of food and drink and were provided with regular snacks and refreshments throughout the day. People told us they enjoyed the food and that they had enough to eat and drink.

People who used the service received, where required, additional treatment from healthcare professionals in the community.

Is the service caring?

Good

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and staff were knowledgeable about people's support needs.

People were offered choices about their care, daily routines and food and drink whenever possible.

Is the service responsive?

Good

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people.

We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Requires Improvement

The service was not always well led.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had not informed the CQC of all significant events. This meant we could not check that appropriate action had been taken.

The service had effective systems in place to monitor and improve the quality of the service.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Windsor Court

Detailed findings

Background to this inspection

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

This inspection was carried out on 7 March 2016 and was unannounced.

The inspection team consisted of three Adult Social Care (ACS) inspectors.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commission a service from the home. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home.

The registered provider was not asked to submit a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight members of staff, the area operational director (AOD), the registered manager, seven people who lived at the home, three visiting relatives and one visiting healthcare professional. We spent time observing the interaction between people who lived at the home, the staff and any visitors.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for four people, handover records, the incident / accident book, supervision and training records for three members of staff, staff rotas, and quality assurance audits and action plans.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe, comments included, "Yes, I feel safe, its fine" "Yes, I'm happy here" and, "Yes, it's nice here I always feel safe."

The home had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authorities safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We were given access to safeguarding records and saw that safeguarding concerns were recorded and usually submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents. We found the last concern was submitted in September 2015.

We viewed the homes accident and incidents file and saw that all incidents were accurately recorded and a description of what action to reduce any reoccurrence of an incident was documented. However, we found that an allegation of theft had been made by a family member and the police had been informed. We found no safeguarding alert in relation to this and no notification had been received by the CQC. This was a breach of regulation and was addressed in the 'well led' section of this report.

We spoke to staff about safeguarding, how they would identify abuse and the steps they would take if they witnessed abuse. The staff provided us with appropriate responses and told us that they would initially report any incidents to either the senior member of staff on shift, or the registered manager. One member of staff told us, "I have done the safeguarding training. If I had any concerns I would speak to [Name of registered manager]. They would need as much information as possible so they can then contact the safeguarding team." Another staff member said, "If I have any concerns I would speak to the senior who would deal with it straight away, if not I would go and see the manager." We viewed the services training records and saw that all staff had received safeguarding training and only 5% of the staff required the refresher course. This showed that staff had the appropriate knowledge and training to help keep people safe.

We saw the service had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs. This included an assessment of risk for falls, nutritional status, continence, moving and handling, pressure relief, wheelchair use, choking and bathing. Risk assessments were reviewed on a monthly basis and amended accordingly. We saw Personal Emergency Evacuation Plans (PEEP) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This showed the registered manager had taken steps to reduce the level of risk people were exposed to.

We asked people using the service if they felt that there were enough staff to meet their needs. The people we spoke with told us that staff were generally quick to attend to their needs if they needed them. One person said, "The staff are usually quick to get to me, but if they are busy with somebody else it can take a

little bit longer. It's generally okay." A member of staff told us, "There are enough staff, but it would be nice to have more. People's care needs are always met, but it would be nice to be able to spend a bit more time to stop and chat with people and catch up on any changes in the care files." We saw this had been raised in a staff audit and the registered manager had taken steps to ensure that the activity coordinator divided their time equally across the four areas of the home.

We looked at the recruitment records for three staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions, terms and conditions of employment and also a corporate staff handbook which outlined the registered providers aims, values and expectations. This helped to ensure staff knew what was expected of them.

We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, gas safety, the kitchen equipment, fire extinguishers, emergency lighting, nurse call buttons, and all lifting equipment including the passenger lift, hoists, baths and slings. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm were carried out to ensure that it was in a safe working order. We also saw that regular fire drills took place to ensure that staff knew how to respond in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

The registered manager told us only senior staff and management were trained to administer medication and this was confirmed by the staff we spoke with. One senior member of staff told us, "I completed my medication training on line and I also had training from [Name of pharmacy] to make sure you keep up to date with current practice" and "The manager sometimes comes and observes me from time to time, to check that we're okay." However, all staff could administer topical medication such as creams. At the time of this inspection some of the homes nurses were provided by an agency. When we checked their induction we found it did not include an introduction to the medication system the home used. We discussed this with the registered manager and they agreed to address this.

We observed medication being administered at different times throughout the day and saw that this was carried out in an unobtrusive and respectful manner. We saw the member of staff explained what each medication was for; allowed the time needed to take them and checked with the person they had been swallowed. We looked at how medicines were managed within the home and checked a selection of medication administration records (MARs). We saw that medicines were stored safely in a secure cabinet, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately.

During the inspection we found the home to be clean, tidy and mostly free from odour. The only area where an odour was detected was in one of the lounges. We found that this room was empty and that the furniture had been moved to one side to enable a deep clean of the carpets to take place. We returned to the room later on and found that the carpet had been steam cleaned and the odour had gone. This showed that necessary equipment was available to ensure that the home remained clean and free from malodour. The registered manager told us that as carpets required replacing they were considering a more modern, non-slip, easy to clean flooring. However, they were aware of the need to maintain a balance between

practicality and maintaining a cosy and homely environment for people using the service.

Good

Is the service effective?

Our findings

Staff we spoke with told us they had completed an induction and they felt they had the skills to safely and effectively carry out their roles. One member of staff told us, "I had training when I first started and I had to complete a number of shifts shadowing more experienced staff." We found that the registered provider had developed a new 12 week staff induction which also incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives.

The induction included a corporate induction which introduced new staff to the registered providers aims, values and expectations. It also provided information about their specific role within the team and staff were then expected to complete a range of training modules including, safeguarding, person centred care, emergency procedures, infection control, safer people handling and medicines. An induction survey was completed at weeks one, four, six and 12 and the staff member's progress was discussed with the registered manager. If all elements had been achieved and the member of staff was deemed competent they were signed off and able to progress to the next stage of the induction. This showed the registered provider recognised the importance of a thorough induction for new members of staff.

The registered manager explained that training was delivered through e-learning packages and also through face to face training for those topics that required 'hands on' knowledge such as moving and handling. Staff were able to access the electronic training database and book any training that they felt relevant for their role. This enabled staff to explore additional training courses in topics they had a particular interest in and also allowed them to access training from their own homes. One member of staff told us, "We do 'Touch' training on the computer. We can do it here or at home. At the end of each topic there is a questionnaire to complete and the manager has to sign these off" and, "I've done moving and handling training, although, that wasn't online; we had a trainer for that course." Another member of staff told said, "There is more training now than when I first started; mainly because we can do so much on line" and, "Trainers come in to do some courses and the others are done on line." One person who used the service said, "They all know what they're doing, even the young ones."

People told us they felt well supported by the registered manager and that they received regular supervision and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. One member of staff told us, "We have regular supervision, I had one last month." Another told us "Yes, we have supervisions. I had one a few weeks ago with the manager. I find them useful and I get feedback on how I am doing." Supervisions and appraisals were completed through the 'touchstone' system and this provided a reminder to staff and the registered manager when people's supervision was due and when it had been successfully saved on the system.

The register manager told us that they were responsible for checking the nurses personal identification numbers (PIN's) and this was completed on line. PIN's show that the nurses are fit to practice and are registered with the Nursing and Midwifery Council (NMC). We saw that revalidation files were in place for

each nurse and that the register manager was arranging clinical supervision to ensure that PIN's were kept up to date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found six people using the service were subject to a DoLS authorisation and the registered manager was awaiting the outcome of additional applications that had been made to the local authority. The Care Quality Commission monitors the operation of the DoLS which applies to care services and it is a requirement of the registered manager to ensure that the CQC is notified of all DoLS authorisations. Prior to the inspection we had checked and found that no notifications had been received from the service. This was a breach of a regulation and was addressed in the 'Well led' section of this report.

The register manager told us that although some people using the service could display distressed or anxious behaviour the home did not use restraint. Our discussions with staff supported this. We saw that behaviour management plans were in place and these provided guidance on how to safely deescalate a situation. One member of staff told us, "The behaviour management plans are written in people's care plans. I know the residents so well now. I know what they like and what they respond best to so I feel confident that I know the best response to take" and, "If people don't want to have a bath or take their medication we leave them and return later on to try again."

We found that mealtimes were relaxed and organised. Some people ate their meal in the dining room and others chose to eat their meal in their bedroom or in one of the lounge areas. We observed the serving of lunch in three dining rooms and saw that the tables were set with tablecloths and placemats and there were condiments on each table. Staff wore protective aprons when serving food and there were sufficient numbers of staff in the dining room to ensure people were served in a timely manner so their food did not get cold. We saw the food looked appetising and the temperature of the food was checked before it was served.

The staff told us that people who required assistance to eat and drink had their meal after other people using the service had finished. This ensured that staff had enough time to provide the necessary support each person required. We saw that when people required assistance with eating and drinking that this was carried out in a respectful and non-demeaning manner. Staff sat alongside the person they were assisting and spoke to them throughout, telling them what they were about to eat and reminding them to chew and eat slowly if needed.

We were told that people were asked the day before what they would like for their meal and were offered two choices at each meal time. If people didn't want either choice the homes chef was able to modify what was on offer according to people's preferences. We saw that a menu board was on display outside each dining room and this provided a visual reminder to people of which meals were on offer.

The people we spoke with told us they enjoyed the food and they were given a choice. Comments included,

"The food is absolutely lovely. You get two choices and if you don't like either they will make you something else." "Yes, the food here is nice" "I get plenty to eat and drink" "The food is alright, actually it's pretty nice. It's not like being at home though" and, "The food is tasty", "Lovely."

Staff were knowledgeable about people's dietary requirements and ensured the support they provided did not negatively impact on a person's independence. One member of staff told us, "We support a lady who is on a pureed diet and thickened fluids due to swallowing difficulties. She is still able to feed herself so we just need to observe her during mealtimes." People who required specialist cutlery and crockery had this provided and this enabled them to continue to eat and drink independently.

We spent time talking to the homes chef. They told us the staff made them aware of any special dietary requirements and a record was kept to ensure that people's specific needs were met. We found the home operated a four week rolling menu and this changed with the seasons so different foods were offered throughout the year. Food surveys were completed by people using the service and this enabled the chef to modify the menu accordingly. They also offered taster menu's each time the menu changed so that people could try the food before the menu was finalised.

The registered manager told us they had attended a food forum in Nottingham where the chef was able to learn new skills and they were also able to talk directly to the suppliers regarding any concerns they had with any of the products. These steps helped ensure that the food prepared was to the liking of the people using the service.

We saw a variety of snacks were also made available throughout the day. There was a trolley in the corridor and this included cold drinks, fruit, biscuits and packets of crisps. People who were able to help themselves could select what they wanted and people who required support were taken a selection of snacks to choose from. We also saw there was an old fashioned sweet shop and a member of staff told us, "When there is an activity on we put sweets, crisps and things like that out for people to have."

Peoples health needs were supported and were kept under review. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentist. Where necessary people had also been referred to the relevant healthcare professional, for example, when people had experienced weight loss they were referred to the dietician. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). Staff told us, "If we think that somebody might be unwell we contact their GP straight away."

When people needed to attend the hospital we saw they had patient passports in place. Patient passports explained how to care for people should they be admitted to hospital. These included key information regarding whether the person had any allergies or any habits that would enable
the hospital staff to provide more personalised care. A visiting healthcare professional told us, "I visit the home twice a week, but I do not have many people to see at this home which is a good thing. There is always a member of staff available to take me to the person I need to see and they can always give me an update on how they have been which is helpful."

The register manager had overseen a number of changes to the homes environment and was clearly proud of how the home now looked. We saw that decoration had been carried out to a high standard and there were items of new furniture throughout the home. This created a smart, but homely environment that was pleasant to spend time in. The changes that had been made were also functional and helped meet the needs of the people using the service. These included contrasting colours for grab rails, toilet doors and toilet seats, plain flooring and the use of landmarks to help orientate people.

We saw that people's doors were dressed with a photograph of themselves, a place or a person who was important to them. Some doors also had memory boxes in place that contained identifiable items. This helped people recognise which room was theirs and provided a sense of belonging. One person told us, "What I like about my room is that I have Elvis [Presley] on my door, I love him."

We found that the corridors had different themes or 'landmarks' along them including Elvis Presley, Marilyn Monroe, Audrey Hepburn, a Hollywood theme, a 60's theme, a library area and a street scene which had a bus stop and benches for people to sit and relax. We observed one person who used the service enjoyed walking up and down the corridors and saw that the different 'break out' areas provided different environments for them to stop, have a rest at or talk with either staff or other people using the service. We also saw that newspapers were laid out for people and there were rummage draws available for people to explore.

We saw there was a sensory room that had an aquarium theme and also contained petting cats and dogs, dolls and other items that could promote relaxation for people and help reduce feelings of anxiety and distress. We saw that the lighting it the room was adjustable and could provide either a stimulating or relaxing environment for people to enjoy.

Good

Is the service caring?

Our findings

People told us that the staff were kind, caring and they felt well cared for. One person said, "The carers are mostly nice. You cannot expect perfection but they are generally nice." Another said, "Yes the staff are caring. They are very patient." One visitor commented on how well the staff were able to communicate with their friend, saying, "They are very patient with her. I think it is marvellous how they understand her." Another person who used the service told us, "It's marvellous here and the staff are lovely" and "I couldn't wish for better care."

A visiting relative told us, "The staff are brilliant. [Name of person] has put on weight and seems much happier. The family can relax now that we know [Name of person] is happy." Another told us, "All the staff are lovely, I've not met one yet who isn't. They all seem to know what they are doing" and, "The food is good, the place is clean and the care staff are great."

We spent time observing people who used the service and saw how they interacted with staff and other people living in the home. We saw that people appeared to be relaxed, happy and engaged in their environment. We saw that the different themed 'break out' areas provided people with a changing environment. The different themes also acted as landmarks that helped orientate people in the home and reduce the need for reassurance about the location of their bedroom, the dining room and the toilet. This supported people to move around the home independently. We saw people were comfortable in the company of staff and were able to share a laugh and a joke. People using the service were happy to approach staff and ask for support and staff knew how to respond.

All of the care interventions we observed were carried out in a kind and caring manner. We observed staff supporting a person to move from their wheelchair into a dining chair. The person complained saying the hoist was too slow. Staff took the time to explain the reasons why they needed to use the hoist and that it only had one speed to ensure that the transfer was safe. We saw staff showed patience and were reassuring as they explained what they were going to do at each stage of the manoeuvre. This showed us that staff understood the need to reassure people during interventions that could cause distress.

Staff were knowledgeable about people's needs. They told us they could read people's care plans and that these included information that helped them to get to know the person, such as their hobbies and interests, their family relationships, their likes and dislikes and their usual daily routine. Prior to lunch being served, we saw one person who used the service continually walk in and out of the dining room. We discussed this with staff and they told us, "When [Name of person] is particularly unsettled like today, it is better to wait until all the food is served before we ask them to sit down. It is less confusing for them than waiting at an empty table." We saw that when the person's meal was ready a member of staff held their hand and guided them to the table where their meal was waiting. This process was repeated whilst the person waited for their dessert.

People told us they were given a choice about how their care was provided. They told us they were able to choose what time they got up in the morning and what time they went to bed. They told us they were given

a choice of meals, where they sat and who they spent their time with. They also said they were able to decide what activities they wanted to join in with. One person who used the service said, "I know I can have a bath, but I prefer to have a strip wash so that's what I do."

People were treated with dignity and respect. We saw that staff knocked on people's doors before entering, called people by their preferred name and ensured bathroom doors were closed quickly if they needed to enter or exit, so that people were not seen in an undignified state. They also ensured that they did not provide any care considered to be personal in the communal areas. One member of staff told us, "I always knock before I enter anyone's room and I also make sure that the door is closed and the curtains are drawn when helping people get washed and dressed."

We observed that people's friends and relatives were free to visit people living in the home whenever they wanted and that these visits took place both during the day and in the evening. One relative told us that he visited the home almost every day to see his spouse and that he was always made to feel welcome. They told us, "I come most days and I have my lunch with [Name of person]. The staff are friendly and the food is also very good."

Within the resident guide we saw that advocacy was promoted. We saw that the name and address of three organisations that could be contacted were included. However, the guide did not explain the role of an advocate or under what circumstances a person may which to access one. Advocacy is a process of supporting and enabling people to: Express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options

We asked people if they would like to change anything. One person told us that they used to have their hair done weekly and it was very important to them to have nice hair. However, they told us that recently it had not been done as often as they would have liked. Another person told us, "It's great here; I can have my hair done every week. I have a perm or a set." We discussed this with a member of staff who told us that the hairdresser attended three days per week; therefore if people wanted to see the hairdresser weekly it could be arranged. They confirmed they would follow this up with the person to ensure that their needs were met.

Good

Is the service responsive?

Our findings

We saw that pre-admission assessments had been completed by the registered manager prior to people moving into the home on either a permanent or temporary basis. Where possible these were carried out with a relative or representative present to ensure that the information gathered was as accurate as possible. The assessments contained good detail and recorded any equipment that would be necessary to meet the person's needs and also provided information pertaining to the number of staff required to support with care interventions. This ensured that the home was able to meet the needs of the person and also considered any impact on staffing levels.

We found care plans to be well organised, easy to follow and person centred. They described in detail a person's needs and how the home planned to meet these needs whilst also promoting their independence. Care plans incorporated a 'Resident profile' which contained information including, what do people admire about me, important things about my life, during the day I enjoy, my personal needs are, medical history, preferred name and information about family, any advocates and who was involved in the development of the care plan.

We saw that care plans were reviewed by the home on a regular basis to ensure that the information remained reflective of the person's current level of need. We also saw evidence that reviews took place with family and a social care representative present. If a family member was unable to attend a review then they would be contacted to enable the staff to record their views.

We found that daily records provided a description of the care that each person had received. Personal hygiene records recorded the frequency of personal care and also what interventions were carried out, we saw that elimination charts were in place and completed daily, and other checks were completed including pressure mattress checks which recorded when they were cleaned / decontaminated, bedrail checks to ensure they were in position and repositioning charts. We saw that most repositioning charts were accurately recorded; however, we did note that some staff did not provide any detail of how they had repositioned the person. For example, they had not recorded which side they had moved the person to, or whether they had sat the person up. We discussed this with the registered manager who informed us they would address this with the staff team to ensure accurate records were kept.

Staff told us that they could read people's care plans if they needed more information. One member of staff said, "We can read the care plan and speak to other carers to help you find out about people's needs." Another staff member said, "We speak with people and their families to make sure we know as much about them as possible."

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told

us anything to contradict this. A member of staff told us, "If people did have any specific needs we would find out about it from their pre-admission assessment. We also reassess this once they have moved into the home to make sure we don't miss things that are important to them."

The service had an activity coordinator in place who provided activities for 30 hours per week and once per month had additional flexi time to complete chair Zumba. They were also was supported by an additional member of staff every other Tuesday. The activity coordinator told us that they had a fixed monthly planner that changed according to the seasons, so people knew what activities were happening and when. They explained they offer a mix of one to one and group activities dependent on the needs of the group.

We were given access to the monthly planner and saw a variety of activities were on offer throughout the day. These included games, crafts, card games nail care, bingo, baking, films and music and one to one activities. We also saw that outside entertainment was brought in on a monthly basis and they recently had a singer who attended and sang songs from the 60's. The activity coordinator told us they also celebrated all major festivals including Christmas, Easter, Halloween, bonfire night, and harvest festivals. The activity coordinator told us, "We are getting ready for Easter next, we are making Easter bonnets and doing all the craftwork now so we can display it over the Easter weekend. We saw a number of the people who used the service joining in and enjoying the arts and crafts activity.

The home had a number of areas that the activity coordinator could utilise to provide activities in different settings. We saw that in the afternoon some of the people from the Buckingham suite spent time in the café area at the homes entrance. The activity coordinator showed us that an area next to the stairs had been converted into an old fashioned sweet shop and we were told that that the people who use the service were able to request their favourite sweets. We saw that one of the lounges had been turned in to a pub, which contained a bar, dart board and a TV that was used to show any sporting events that were televised. Another person who used the service had a passion for gardening and the activity coordinator had brought in some old wheelbarrows last spring and they had turned them into planters.

People who use the service told us told the maintenance man drives the minibus and takes them for days out, although they did tell us they would like the trips out to be more frequent. The activity coordinator told us, "Over the winter we don't go out as often on the bus, but we are looking forward to some warmer weather so we can get out and about again" and, "We go out for trips to the beach and to garden centres. The residents decide where they want to go at their meeting."

It was evident that some of the people who used the service thoroughly enjoyed the activities that were available and we observed people enjoying jigsaws and arts and crafts. One person told us, "I enjoy doing the puzzles and the jigsaws." Another told us, "I have made some friends who I play dominoes with" and, "I like watching sport on the TV, last night I stayed up and watched the darts." Other people were happiest watching the TV or listening to the radio. One person told us, "I don't really know much about the activities as I've only just moved here, but I like to watch my TV and I have a radio in my room that I listen to." Another said, "They are always doing activities and I can join in if want, but personally I cannot be bothered."

The activity coordinator told us that they held a monthly 'residents' meeting. We viewed the minutes of the meeting for the beginning of March and saw that eight people who use the service had attended. They discussed issues including laundry, meals and menus, care and staffing. It was clear people felt confident to raise issues that were important to them and the minutes indicated that the activity coordinator would take the queries to the appropriate person. However, despite concerns being raised in relation to some foods still not been offered and also about people wanting to have a choice of having a bath or a shower no actions were agreed, nobody was given responsibility for the action and no time frames were agreed. There was also

no evidence that the minutes from the previous meeting had been discussed. The registered manager told us they would ensure that actions were included to evidence any changes they had made.

There was a complaints procedure in place and we found that this was displayed in the entrance to the home and was also included in the resident guide that people using the service and their families receive when a person moved to live at the home. We saw that whilst the home encouraged people to try and resolve any issues in house, they also included the contact details of the registered provider's standards and compliance department, the Local Government Ombudsman (LGO) and the Care Quality Commission (CQC). The registered manager told us minor complaints were recorded on the registered providers online recording system and closed off when resolved.

We looked at the complaints records and found the last recorded complaint had been received in August 2015. We saw that when complaints had been received they were investigated and responded to in writing by either the registered manager or area operations director to the satisfaction of the complainant.

All of the people we spoke with all told us they knew how to complain if they needed to. One person said, "If I needed to make a complaint I would speak to the manager" and, "I'd have no problem telling them." Another person using the service told us, "If I was unhappy about anything then I would talk with one of the ladies [Staff]" and, "I'd have no problems doing that."

Staff told us they were comfortable dealing with complaints and one told us, "If I cannot deal with it myself I would speak to my manager" and, "People have a lot of family involvement so relatives will come and speak to me if they have any issues." The member of staff explained that one relative had complained that when they visited there were on some occasions other people who used the service in their family member's room. A meeting was held and it was agreed that the room would be kept locked when the person was not using it. This prevented anybody else inadvertently accessing the room. This showed that complaints were taken seriously and action was taken.

There were other opportunities for people living in their home and their families or friends to raise concerns or provide feedback to the registered manager. These included residents meetings, relative meetings, and quality assurance surveys. At the entrance to the home we saw that there was an electronic 'have your say' system that enabled people to type in any comments they may have about the home. The comments were submitted to the area operational director (AOD) and If any comments were of concern the AOD would then investigate this. There was also a number of notice boards that displayed information regarding the home and advertised any upcoming events. We saw the newsletter for March was advertising chair Zumba, Easter bingo / pie and pea supper, Easter church service and also the Friday morning coffee club in the café. These steps ensured that people could have their say about the service and were kept up to date with any events or significant changes.

Requires Improvement

Is the service well-led?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Depravation of Liberty Safeguards (DoLS) which applies to care services and it is a requirement of the registered manager to ensure that the CQC is notified of all DoLS authorisations. Prior to the inspection we had checked and found that no notifications had been received from the home in relation to DoLS authorisations. We also found the home had not notified the CQC of an allegation of theft made by a family member that had been reported to the police.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had not informed the CQC of all significant events. This meant we could not check that appropriate action had been taken.

This was a breach of Regulation 18. Notification of other incidents, of The (Registration) Regulations 2009.

The people we spoke with told us they felt well supported by the registered manager. We asked staff if they felt the registered manager was approachable and they told us, "Yes, the manager is very approachable; we can go and see her with anything at any time" and, "Yes, I would feel fine speaking to the manager about any concerns, [Name of manager] door is always open." A visiting relative told us, "The manager is approachable and clearly has good relationship with people living here."

Relatives we spoke to told us that they were kept up to date with any issues relating to their family member. We saw communication with people's families was accurately recorded in the persons care file and that any special requests were also noted. For example, we saw one relative had requested that they were contacted if the GP needed to be called out for any reason. This showed that the service recognised the importance of involving family and friends in people's care.

Regular meetings took place for staff and for people using the service. We saw that staff meetings were held for care staff, night staff, senior care staff and Domestic / laundry / kitchen staff on a monthly basis. We viewed the minutes of staff and resident meetings and saw that a variety of issues were discussed pertaining to what was relevant at that particular time. The meetings allowed a two way discussion and provided an opportunity for people to raise any issues and also enabled important information to be shared. This meant that staff and people using the service were kept informed of any issues that may affect them and also provided opportunity to discuss any concerns.

The registered manager told us they completed a daily walk around to check that the home was clean and tidy and that if any odours were present what action the staff team had taken to address these. They also held 'flash meetings' with the senior staff from each of the four areas of the home. The meeting provided the senior staff to quickly share any concerns in relation to housekeeping, catering, maintenance, activities, any staff sickness, clinical care issues and manager availability. These meetings ensured that the registered manager was made aware of any issues and could check whether the action that staff had taken was appropriate.

The registered manager explained that each day one of the people using the service was nominated as 'Resident of the day'. This meant the staff team carried out a number of interventions, including, checking the persons care plan was updated, carrying out a deep clean of their room, arranging for the chef to visit them and ask if they were enjoying the current menu and also asking the handyperson to see if there were any issues in their room that needed repairing or any small jobs that needed doing such as hanging pictures. This provided a good opportunity for people to raise any concerns or feedback any issues or compliments.

We saw that the registered manager had distributed quality assurance surveys to people who used the service, relatives and friends and also to the staff team. Feedback was generally very positive. We saw that the information gathered was collated and actions were attributed to each area of feedback. However, a date for completion was not included. The registered manager assured us that this would be included on the next survey.

The registered provider had its own internal auditing system that helped to ensure the systems in place to assist the smooth running of the home were effective. Audits were completed and the results were shared with the area operational director (AOD). If the results were lower than anticipated (Level 3) then the AOD would be required to complete an audit and set actions to ensure that the required changes were implemented. If the score was much lower than expected (Level 2 and below) then the AOD would contact the registered providers quality auditing team who would complete a further audit and develop an action plan to address the issues within the service. This showed that the registered provider recognised the need to respond quickly to maintain standards.

The registered provider had implemented an electronic auditing system that provided the scheduling of all audits the registered manager was required to undertake. This included monthly audits such as medicines, catering and care files. Audits which took place quarterly included infection control and falls and health and safety audits were completed every six months. Other audits were carried out to ensure people were receiving appropriate care and support. These included, for example, the environment, medicine systems, recruitment systems, care plans, maintenance of equipment, accidents/ incidents, catering and food. We saw that when audits identified any areas for improvement, actions were taken to rectify the problem and where necessary systems were altered to prevent any reoccurrence of the shortfalls.

The registered provider had developed its own philosophy of care that outlined its aims and objectives. The registered provider stated that its aim was to be 'The provider of the kindest homes in the UK with the kindest and most professional staff, where each and every one matters and each and every one can make a difference' and, 'To provide all our residents with the highest standard of individualised care within a warm, friendly, homely and supportive environment.' A resident guide had been developed which provided the details of the registered manager and also the roles of each of the staff team so people using the service know what to expect and from whom. We also saw that staff were issue with a handbook which described the registered providers vision in full and gave advice on how they could help achieve this.

We discussed the culture in the home and a member of staff told us, "Everybody is treated equally, we're all equals." The registered manager told us that they were working hard to deliver the registered providers vision of becoming 'The provider of the kindest homes in the UK.'

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. This meant that people's personal and private information remained confidential.