Mr Jonathan Smith & Mr Antony Smith & Mrs Brenda Smith

Gresham Residential Care Home

Inspection report

47 – 49 Norfolk Road
Cliftonville
Kent
CT9 2HU
Tel: 01843 220178

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Gresham Residential Care Home is a Victorian, three floor building in Cliftonville with a lift to access all floors. There is a secure garden at the rear of the premises. The service offers short and long term residential care for up to 30 older people. The service is situated in Cliftonville and has close public transport links. On the day of our inspection there were 23 people living in the service.

The service is run by the registered manager with an assistant manager. Both were present on the days of our inspection. The registered manager was also one of the three registered providers. The registered provider is a 'registered person' who has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe living at the service. Staff understood the importance of keeping people safe. Risks to people's safety were identified and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff knew how to protect people from the risk of abuse.

Recruitment processes were in place to check that staff were of good character. People were supported by sufficient numbers of staff with the right mix of skills, knowledge and experience. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles.

People were confident in the support they received from staff. People and their relatives said they thought the staff were trained to be able to meet their needs or the needs of their loved ones. People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's physical health was monitored and people were supported to see healthcare professionals.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made when this was in their best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff were kind, caring and compassionate and knew people well. People were encouraged to maintain their independence. People and their relatives were happy with the standard of care at the service. People were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Some of the care plans were not fully person centred. Information in care plans was not completed consistently. We have made a recommendation that the registered persons seek advice from a reputable source about person centred care planning.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used concerns and complaints as a learning opportunity. There had been no complaints in the last 12 months.

The design and layout of the building met people's needs and was safe. The atmosphere was calm, happy and relaxed. The risk of social isolation was reduced because staff supported people to keep occupied with a range of meaningful activities which included gardening, crafts and exercises.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager and assistant manager worked with the staff each day to maintain oversight and scrutiny of the service. People and their relatives told us that the service was well run. Staff said that the service was well led, had an open culture and that they felt supported in their roles.

There were systems in place to monitor the quality of the service. However, reviews and audits of care plans had not been completed consistently.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

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 that they felt safe living at the service. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

Risks to people were identified and staff had the guidance to make sure that people were supported safely. People were supported to live in a safe environment because all areas of the service were checked and regularly maintained.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Is the service effective?

Good

The service was effective.

People were confident in the support they received from staff. Staff had a good understanding of people's needs and preferences and knew people well. There was regular training and the registered manager held formal supervisions with staff.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People's nutritional and hydration needs were met by a range of nutritious foods and drinks. The building and grounds were adequately maintained.

Is the service caring?

Good

The service was caring.

Staff were patient, kind, caring and compassionate. Staff understood and respected people's preferences and individual religious and cultural needs.

People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Summary of findings

Is the service responsive?

Requires improvement

The service was not consistently responsive

People received consistent and personalised care and support because the staff knew people well. The care people received was centred on the individual, however, some of the care plans were not fully person centred. Information in care plans was not completed consistently.

A range of meaningful activities were available. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. There had been no complaints in the last 12 months.

Is the service well-led?

Requires improvement

The service was not consistently well-led

People and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

Staff told us that they felt supported by the registered manager. There was an open culture between staff and management.

The registered manager and staff completed some audits on the quality of the service. The registered manager analysed their findings, identified any potential shortfalls and took action to address them. However, reviews and audits of care plans had not been completed consistently.

Gresham Residential Care 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 09 and 10 September 2015 and was unannounced. This inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with 18 of the people living in the service. We met and spoke with four relatives who were visiting their loved ones. We spoke with care staff, the assistant manager and the registered manager. During our inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, five staff files and records about how the quality of the service was managed.

We last inspected Gresham Residential Care Home in June 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at the service and people said, "Of course I feel safe!" and "I feel very safe living here". Relatives told us that they felt their loved ones were kept safe. A letter sent to the staff from a relative noted, "Thank you for your kindness and consideration shown to our (relative) during her time with you. It gave us great peace of mind knowing she was cared for and kept safe".

People were protected from the risks of avoidable harm and abuse. Staff understood the importance of keeping people safe. There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Staff received a copy of the policy when they began working at the service. All the staff we spoke with had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited. Some people controlled their own money and others had people to look after their finances. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that had 'No hesitation in reporting poor care or abuse' and that any concerns they raised would be listened to and fully investigated to ensure people were protected. There had been no whistle blowers in the last 12 months.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. We observed staff supporting people to take their medicine and looked at the medicine administration records (MAR) for people. Staff did not leave people until they had seen that medicines had been taken. There were clear procedures which were followed in practice. Stock was rotated so that it didn't go out of date. Bottles of medicine and eye drops were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines and this enabled them to check when they should be disposed of safely. Staff told us they were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects.

Medicines were handled appropriately and stored safely and securely. Daily checks were completed on medicines, the temperature of the medicines room and fridge. Medicines were disposed of in line with guidance. Some people chose, and were supported, to take their own medicines safely.

Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. When people had difficulty moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them stay as independent as possible. People were encouraged to move around the service and were supported to take reasonable risks to maintain their independence. The registered manager provided two insured mobility scooters for people to use. The registered manager provided training for people and checked that they understood how to use them to make sure they were safe to go into the community.

People were supported to live in a safe environment because all areas of the service were checked and regularly maintained. Staff carried out regular checks of the environment and equipment. This made sure people lived in a safe environment and that the equipment was safe to use. The service was clean, tidy and free from odours. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were well maintained. Foot operated bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them easily. People's rooms were well maintained and people told us they were happy with the cleanliness of the service.

The provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service safe?

People and their relatives told us that there were enough staff at the service. The provider employed suitable numbers of staff to care for people safely. They assessed people's needs and made sure that there were enough staff with the right mix of skills, knowledge and experience on each shift. The staff rotas showed that there were consistent numbers of staff throughout the day and night to make sure people received the support they needed. There were plans in place to cover any unexpected shortfalls like sickness. The registered manager told us that they had been short staffed but that the current staff had worked flexibly and worked together to make sure all the shifts were covered. During the day of the inspection staff were not rushed. People told us they thought there were enough staff to meet their needs. One person said, "The staff are friendly and capable". All of the staff we spoke with felt they had enough time to talk with people and there were enough staff to support people. People were told, during regular resident's meetings, when new staff were going to start.

Accidents and incidents were recorded and reported. The registered manager analysed these to check if there were any identifiable themes or patterns which were contributing to the accidents, for example, the times and places of falls, so that action could be taken to reduce the risks to people. When a pattern had been identified the registered manager referred people to other health professionals to minimise risks of further incidents and keep people safe.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency.

Good

Is the service effective?

Our findings

People were confident in the support they received from staff. People and their relatives said they thought the staff were trained to be able to meet their needs or the needs of their loved ones. One person told us, "I have diabetes and the staff here understand my needs and monitor my sugar levels closely. My diabetes has stabilised during the time I have been at the home and my diet is regulated accordingly. I have access to podiatry, optician and diabetic clinic. I sometimes go to appointments on my own but sometimes accompanied by a member of staff". People and visitors confirmed health needs are met by doctors and other health professionals. A relative commented, "My wife came to the home after suffering a stroke. She has received absolute care from the staff and she is helped and encouraged to be as independent as possible. She has improved a lot and has settled here very well".

Staff had an induction into the service when they first began working there. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were encouraged and supported to access on-going professional development by completing vocational qualifications in care for their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The registered manager kept a training record which showed what training had been undertaken. Staff told us that training was offered to staff that was relevant to the care needs of the people they were looking after. The registered manager coached and mentored staff through regular one to one supervision. Staff told us that they undertook regular formal supervision and were able to discuss matters of concern and interest to them on these occasions although they also commented that they saw the registered manager each day and would raise anything at the time and not leave it until they had their supervision.

Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that staff were kept up to date with any changes in people's needs. Staff told us that they felt supported in their roles. Staff explained that people and their relatives were involved with planning their care and that when someone's needs changed this was discussed privately with the person.

When people were unable to give valid consent to their care and support, staff at the service acted in accordance with the requirements of the Mental Capacity Act 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. When people were not able to make major decisions, appropriate consultation was being undertaken with relevant people such as GP's and relatives to ensure that decisions were being made in the person's best interests. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was documented and noted on the front page of people's care plans so that the person's wishes could be acted on. The registered manager reviewed these to make sure they remained relevant and were what the person wanted.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager was aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. There were no people subject to DoLS.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day. When we asked people about their meals their

Good

Is the service effective?

comments were positive. People said, "The food is wonderful", "Everything is well cooked and served hot" and "My appetite has improved since I have been here because the food is so lovely".

Staff knew people's particular food likes and dislikes and explained that some people had specific dietary requirements which they took into account. There was clear information about people's specific needs displayed in the kitchen and this was regularly reviewed and updated. Referrals were made appropriately to dietary and nutritional specialists when needed. Drinks and snacks were available throughout the day.

We observed lunchtime, which was a very social occasion, and people appeared to enjoy their food. The food was hot and well presented. Most people sat together at small tables in the dining room and there was a relaxed atmosphere. Sometimes people chose to eat in their own room which staff respected. There was a three course lunch and people told us how much they enjoyed their food. People said that there was always plenty of choice with ample fresh fruit and vegetables. Throughout lunch staff were attentive and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's dining experience. Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff consequently people, where possible, felt empowered to express their needs and receive appropriate care.

People maintained good physical and mental health because people's health was monitored and the staff worked closely with health and social care professionals including: doctors, dentists and community nurses. People were supported by staff to attend appointments with their doctors, dentists and other health care professionals if the person agreed. One person commented, "I can ask staff for support to go to appointments but I prefer to go on my own". People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals to meet their specific needs. Visiting professionals like district nurses went to the service on a regular basis and were available for staff if they had any concerns. People and their relatives told us that staff responded promptly when they needed to see a doctor or other health professional. When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions to sit on. These reduced the risk of pressure sores and supported people to keep their skin intact.

The service had a good working relationship with the local paramedic practitioner. This stemmed from a scheme aimed to reduce the number of unnecessary admissions to the Accident and Emergency department at the local hospital.

Care plans were being reviewed for their effectiveness and reflected people's changing needs. People were weighed on a regular basis and any fluctuation in weight was noted. Staff contacted the relevant health professionals, such as dieticians, if they noticed any change in weight. Prompt action was taken to make sure people had the care and support they needed. Care plans included an overview of people's health conditions and this noted any involvement with other health professionals, such as, specialist nurses or GPs.

The design and layout of the service was suitable for people's needs. The building and grounds were adequately maintained. All the rooms were clean and spacious. Carpets were professionally cleaned on a regular basis. Lounge areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family. The registered manager told us, "When people move into Gresham we encourage them to make their room their own, bringing much loved items of furniture and pictures and ornaments. It adds a personal touch to ensure their personal space becomes a home from home". The registered manager told us that there was a refurbishment and redecoration programme in place and that they were making subtle changes to make people's lives easier, such as installing higher pedestal toilets when they refurbished en suite bathrooms.

The garden was beautiful with hanging baskets, flower beds and plenty of chairs and umbrellas. A raised koi carp pond was well maintained and people told us that they enjoyed watching and feeding the fish. People had been involved in planting the garden and the service had received a 'highly commended' certificate for 'Cliftonville in Bloom'. People who chose to smoke did so in the garden.

Good

Is the service caring?

Our findings

People were happy living at the service and said that they received the care they wanted in the way they preferred. People told us they had the freedom to be independent and were able to go out when they wanted to. One person said, "I come and go as I please and, as long as they know when I will be back, they are quite happy. In fact, I now have a key to the front door so I can let myself back in". Another person commented, "I go out most days on the mobility scooter which is provided by the home. It makes such a difference being able to go out and about". One of the many cards received from relatives noted, "We are so grateful to you all for all the care that you have shown (our relative) while under your roof. We honestly believe that these were the happiest (and healthiest) years of his life".

There was a high level of engagement between people and staff and people felt empowered to express their needs. People valued their relationships with the staff team and they spoke highly of individual members of staff. During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner. Staff were patient, giving people time to respond. Staff displayed caring, compassionate and considerate attitudes towards people and their relatives and they were sensitive to their needs. People were relaxed in the company of each other and staff. People said, "The staff are very caring and patient", "Nothing is too much trouble for the staff" and "This home is like a big happy family". Staff stopped to chat with people as they carried out their duties and they attended to people's needs promptly. Each time they walked by people they spoke to them to see if they needed anything.

People were able to move freely around the service and spend time in communal areas or in their rooms. Staff provided positive support and encouragement when assisting people to move around the service. The management team and staff knew people well. Some people had lived in the service for over 15 years and some of the staff had also worked with them for that time. Staff had built strong relationships with people's friends and relatives. Staff told us that visitors were welcome at any time and visitors confirmed this. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. The registered manager explained that they also supported people's relatives. Relatives spoke highly of the level of care their loved ones received. One relative said, "Since my wife came into the home I have been here every day. I come about 11 am and don't leave until 8 pm. I have all my meals at the home which saves me cooking. I just pay a nominal monthly charge which certainly does not break the bank. The managers and staff are all so good to me and I cannot speak highly enough of the care given to my wife. The home is first class and the staff are 100% committed to their work".

A noticeboard in the hallway kept people up to date with upcoming events in the service and other items of interest, such as newspaper articles. Monthly newsletters were displayed on the board which welcomed new people to the service, noted people's birthdays during the month and special events, for example the Rugby World Cup fixtures.

The registered manager told us about the service's 'Philosophy of Care' which noted that people 'Receive appropriate care as identified and assessed and evaluated, according to their individual needs, taking into consideration their physical, psychological and social needs'. People were encouraged to stay as independent as possible. Individual care and support plans gave staff guidance of what people could do for themselves, what assistance was needed and how many staff should provide the support. Staff understood, respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. Personal care was given in the privacy of people's bedrooms or bathrooms. Staff told us how they supported people to maintain their dignity, privacy and confidentiality. People told us that they had regular baths and showers and were helped with these according to their needs and preferences.

Care plans and associated risk assessments were stored electronically, to protect people's confidential information. People discussed aspects of their care with staff. People and their relatives were involved in making decisions about their care and care plans were printed and signed, where possible, by people to show that they had been involved.

Good

Is the service caring?

People were supported to make choices and maintain their independence. People told us that they chose what to wear each day, what they wanted to eat and what they wanted to do throughout the day. People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy. Staff told us that people were able to attend local church services if they wished and that the staff supported them to do so.

People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were neatly shaved. This promoted people's personal dignity. The service had a fully equipped hair dressing salon and people told us that a hairdresser visited the service regularly. Staff told us that this service was very well used.

Requires improvement

Is the service responsive?

Our findings

People felt they were supported in a way that met their needs. Relatives told us that they thought staff were responsive. One relative commented, The managers are always available to speak to". People told us that staff responded promptly, both during the day and at night, when they used their call bell. Staff were observant and responsive.

People were offered the choice with regard to the gender of the staff providing their personal care. A member of staff commented, "I think it is really important that people are given the choice of a male or female to support them with personal care. I know that I would want to be offered the choice".

People and their relatives told us that an assessment of their needs was completed when they were considering moving into the service. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service and this was used so that the provider could check whether they could meet people's needs or not. Relatives told us that staff kept them up to date with any changes in their relative's health. A relative said, "I have nothing but praise for the managers and staff of this home. My (relative) is extremely well cared for and if ever I had to go into care I would definitely choose Gresham Residential Care Home".

Each person had a care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. Care plans were completed on an electronic system.

Plans included details about people's personal care needs, communication, mental health needs, health and mobility needs. People were assigned a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care.

The care people received was centred on the individual, however, some of the care plans were not fully person centred. Information in care plans was not completed consistently. Some of the care plans only had a brief section on people's life history and others were very detailed. We discussed this with staff and they explained that they had recognised this as a shortfall and that people's keyworkers were updating them by spending quality one to one time with people and their relatives. We saw that there had been a number of life history sections recently updated. There was no impact on the care people received and they received consistent care, in the way they preferred, to meet their needs.

We recommend that the providers seek advice and guidance from a reputable source about writing person centred care plans.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. Staff were aware of people who chose to spend time in their rooms and respected this. One person told us, "I have a lovely room overlooking the garden. I spend most of my time in my room watching TV or reading. I am quite content with my life here. The staff understand that I like my own company".

There are activities at the service such as arts and craft, exercises, bingo. The bingo was arranged by one of the people living at the service and they hoped to start other games. There was a jigsaw puzzle 'on the go' for people to complete. A library was furnished with a comfy settee and people used this as a quiet area. It was full of books, CDs and games for people to help themselves to when they wanted to.

Some people chose to go out each day and others had regular trips out with their loved ones. People's birthdays were celebrated. One relative had written to the registered manager commenting, "Thank you so much for (our relative's) birthday party last week. It was lovely and we all enjoyed it very much. The food was super. Thanks also to the staff for waiting on us. A lovely party". Staff promoted a sense of well-being in the service. The services 'Philosophy of Care' noted that 'Good companionship gives increased quality of life' and people appeared to enjoy each other's company.

People and relatives told us that they would talk to the staff if they had any concerns and felt that they would be listened to. One person said, "I have only been here a short while. The staff are lovely, nothing is too much trouble. If all homes were like this one on one would complain". A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. There was a complaints procedure which was given to

Requires improvement

Is the service responsive?

people when they moved into the service and a copy was in each person's room. A copy of the complaints procedure was displayed on the noticeboard for people and their relatives to see. There had been no complaints in the last 12 months.

The registered manager told us that they spoke with people every day and that if any negative comments or suggestions were made these were followed up and addressed so people's comments were listened to and acted on quickly. They told us that it was important to deal with any concerns before they became a complaint. The registered manager also said that people sometimes made comments in the resident's meetings and that changes were made or action taken as needed. For example, people had said that they would like more trifles, knickerbocker glory and lasagne on the menu. These had been added to the menu and people agreed at the following resident's meeting that they were happy with the food. Staff told us that they were aware of their responsibilities of dealing with comments, concerns and complaints.

Requires improvement

Is the service well-led?

Our findings

Quality assurance systems were in place but had not been consistently completed. Reviews and audits of care plans had not been completed consistently. When people's needs changed the care plans were not consistently updated to reflect this so that staff had up to date guidance on how to provide the right support and care. Care plans had not always been updated to reflect recommendations from health professionals. For example, when people were identified as having a concern around their dietary intake, no food charts had been implemented to monitor people's diet. The only documentation was comments such as 'Good food intake' in daily notes. There was a risk that people may not receive safe care and support because the provider had not identified the shortfalls that were found during the inspection.

The providers failed to identify shortfalls at the service through regular effective auditing. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives knew the providers, registered manager and staff by name. One person commented, "The managers are always around the home and are willing to listen to any requests we may have". Another person said, "This is a very good home and I love living here". A relative added, "I hope it doesn't come to it, but if I needed full time care, I would definitely come here. I have already booked to come here for Christmas Day to be with my (relative) who is very happy here".

Staff told us that they were 'well supported' by the management and were happy working at the service. There was a clear management structure for decision making. The registered manager and assistant manager worked alongside staff to provide guidance for staff and to keep an overview of the service. The registered manager held quarterly meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. Where lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

People, their family and friends were regularly involved with the service in a meaningful way, helping to drive improvement of the quality of the service delivered. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The registered manager welcomed open and honest feedback from people and their relatives. Monthly resident's meeting were held and people were encouraged to make any suggestions about the quality of the service delivered. Monthly newsletters were published and given to people and their relatives. People were encouraged to contribute to these.

Staff were clear about the aims of the service and understood the culture and values of the service. Staff we spoke with shared the registered manager's vision of good quality care and supporting people to maintain their independence.

The registered manager and staff worked closely with visiting health professionals, such as, community nurses, chiropodists and dental advisors to keep up to date with guidance and to make improvements to the service as a result.

Staff were clear what was expected of them and their roles and responsibilities. The providers had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The providers failed to identify shortfalls at the service through regular effective auditing.** **Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**