

## Gracewell Healthcare Limited

# Gracewell of Frome

### Inspection report

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15 February 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced inspection took place on 09, 10 and 15 February 2016.

The last inspection of the Gracewell Of Frome (formally Rossetti House Care Home) was carried out in March 2016. We found areas for improvement related to people receiving enough fluids to enable them to maintain hydration and protecting people's rights with regard to the Mental Capacity Act. There were also concerns about the management of the service. We looked at these areas as part of this inspection.

Gracewell of Frome is registered to provide personal care with nursing for up to 70 older people. Part of the home known as Marketplace provides care and support to people living with dementia.

There is a registered manager in post and they were present throughout the inspection. 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.

This inspection took place on 09, 10 and 15 February 2016 and was unannounced. It was carried out by three adult social care inspectors.

The arrangements for the administering and management of medicines were not always safe. Records of time specific medicines did not show when these had been administered so their administration could be monitored. This would ensure these medicines were being given at the required time. Where medicines were prescribed as "as required" there was no information available to provide staff with guidance and information as to their use to ensure when being administered it was being done safely and effectively.

There were inconsistencies in the recording of care and treatment needs and how these were to be met. Some people did not have their assessments and treatment arrangements recorded to ensure they received the care they needed.

Improvements had been made since the previous inspection in ensuring people were not at risk of dehydration.

Care plans did not always reflect the individual in terms of providing specific information about the person in order for care to be provided in a person centred way.

Whilst there were extensive quality monitoring arrangements and actions taken to make improvements these had not identified the failures in records, care planning and medicines outlined in this report.

Communication was not always effective in making sure care staff felt fully informed about people's care

needs. They lacked an opportunity to meet as teams to share information and knowledge specifically about the care people needed. Care staff told us they would welcome such an opportunity.

Since the previous inspection improvements had been made to the environment of The Marketplace which had resulted in people's quality of life and independence being improved. Further changes were needed to the environment so people could live in an environment which was homely and less clinical. People's accommodation and communal areas provided a good standard of décor and furnishings.

Whilst staffing arrangements had improved since the previous inspection there were varying comments about the availability of staff. Specifically not everyone was being supported to get up at a time of their choosing.

Staff had a good understanding of how to identify possible abuse and their responsibility to report any concerns. People told us they felt safe in the home. One person said "I feel safe here. The staff are excellent and very caring." A relative told us "I am confident about the care (name) receives I don't worry about them when I leave knowing they are being well looked after."

A health care professional spoke of the service supporting people with complex needs "Brilliantly" with a pro-active approach to meeting people's health needs.

People and relatives all spoke of staff as being "Caring and kind," "Carers are well trained, compassionate, diligent and caring," and "Staff have time for people and treat people with respect."

We observed people being treated with kindness, warmth and having a professional approach when supporting people who were at times upset and needed help in making decisions.

People and their relatives had the opportunity to discuss and review their care arrangements and were comfortable in making a complaint or voicing any concerns about the quality of care they received.

There were activities which suited the interests of people and provided opportunities for people to socialise if they wished. The activities co-ordinators had a good understanding of people living with dementia in relation to activities and it was an area they hoped to further improve.

There was an inviting and welcoming environment and relatives commented; "What I like is that every one of the staff are welcoming, happy to chat and friendly." and "You are always made to feel welcome."

There was a consensus from people and others about the openness of the registered manager and management team. People living in the home, relatives and staff spoke of the registered manager being approachable and willing to listen and respond to their views.

There has been a real effort to make the home part of the wider community with links and facilities available to community groups that also offered events to people living in the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report



## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were some failures in the arrangements for the management and administering of medicines.

There was a lack of consistency in ensuring potential risks to people's health and welfare were identified and responded to.

Staff demonstrated an understanding of their responsibility in relation to identifying and reporting any concerns about possible abuse.

There were enough staff to meet people's needs however people were not always supported to get up at a time of their choosing.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

There were effective arrangements for people to have the necessary intake of fluids specifically where concerns about dehydration had been identified.

**Good** ●

### Is the service caring?

The service was caring.

Staff demonstrated an empathic approach, responding with warmth and kindness when supporting people.

People were supported by caring and professional staff.

People were supported by staff who were patient and had respect for people's dignity and privacy.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

Care planning and care plans did not always reflect the person as

**Requires Improvement** ●

an individual so care could be provided in a person centred way.

People and their relatives had the opportunity to discuss their care needs.

There were a range of activities provided to people suited to their abilities and interests.

People and visitors said there was a warm and welcoming environment.

The home responded positively to concerns and complaints.

### **Is the service well-led?**

The service was not always well led and improvements were needed.

Handovers were not always effective in communicating the needs of people.

Quality assurance monitoring was not always robust in identifying areas for improvement.

The registered manager promoted a culture of openness where people, relatives, staff and others could express their views.

**Requires Improvement** ●

# Gracewell of Frome

## 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 took place on 09, 10 and 15 February 2016 and was unannounced. It was carried out by three adult social care inspectors.

Before our inspection we reviewed information we held about the home, including notifications about important events which staff had sent to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider therefore provided us with a range of documents, policies and procedures, copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements.

During the inspection we spoke with 10 people using the service and 11 relatives about their views on the quality of the care and support being provided. We spoke with one visiting healthcare professional. We also spoke with the registered manager, the deputy manager, the activity co-ordinators and 15 members of staff. We spent time observing the way staff interacted with people and looked at the records related to the care provided for 19 people. We looked at records about the management of the service including staff files and the quality assurance file. We received 18 "Tell us about your care" comment cards. These were made available to people and visitors during the period of our inspection and offered an opportunity for confidential comments to be made about the quality of the service.

## Is the service safe?

### Our findings

The service was not always safe. There were some failures in the arrangements for the safe administering and management of medicines. Administering records had been fully completed which showed people had been given their medicines as prescribed. Some people required time specific medicines. The nurse told us they always gave it when needed. However there was not a record of the time these specific medicines had been given so the provider was not able to monitor and review this. Medicines were stored securely and temperature checks undertaken to ensure the storage arrangements were safe and medicines retained their effectiveness.

To ensure medicines are administered accurately printed medicines administered charts are provided by the pharmacist each month. For one person medicines prescribed in January 2016 were handwritten on the February 2016 administering chart. This meant for one person the records were completed showing the medicines to be administered without authorisation from the pharmacist or had any auditable witness signature to ensure the accuracy of these changes. We informed the deputy manager of this and they said they would ensure a new typed written record would be obtained from the pharmacist.

Some people required "as required" medicines also known as PRN. These applied to medicines providing pain relief or to relieve anxiety or distress. Whilst there were care plans which identified how people experienced pain there were not specific PRN protocols in place. This meant staff did not have any instructions and guidance for administering PRN medicines. We were told by a nurse these were being introduced.

We checked the stock of some medicines against records. We found records accurately reflected medicines stored. Random checks of medicine stocks were checked by nursing staff on each shift change to ensure these records were accurate. There were arrangements for the return and disposal of unused medicines.

We observed people being given their medicines. People were told what the medicines were for and when necessary the nurse stayed with the person to ensure they had taken their medicines. One person required their medicines to be administered in fruit. This is known as giving medicines covertly because the person lacked capacity to understand and give consent for administering of prescribed medicines. There was a care plan in place which had been signed by the person's representative and G.P. The person's medication profile, which each person in the home had, confirmed the pharmacist had agreed the method was safe and the medicines were effective when given this way. This demonstrated the service had taken the necessary measures when giving medicines covertly.

We discussed safeguarding people from abuse with some health care assistants (HCA). They demonstrated a sound understanding of the potential types of abuse and their role in reporting any concerns about possible abuse. Records confirmed all staff had undertaken safeguarding training as part of their induction. The registered manager had responded professionally and worked in partnership with the local authority where safeguarding concerns had been raised. One person told us "I feel safe here. The staff are excellent and very caring. A relative told us "I know (name) is safe and well looked after and I am as happy as I can be in the



circumstances."

Staff confirmed recruitment checks such as criminal record and previous employer reference had been obtained. Staff records confirmed these checks had been undertaken. This meant risk to people's health and welfare were alleviated because of these arrangements.

There were personal evacuation plans (PEP) in place. These identified people's specific needs in the event of an emergency and evacuation of the home. Staff told us there were regular fire drills and they had undertaken fire and safety training. The person responsible for fire drills told they tested the fire equipment and evacuation procedures weekly with practice fire drills for day and night staff.

There was a failure to undertake risk assessments and care planning to mitigate identified risks. One person had been admitted eight days before our inspection. They had been admitted with a pressure ulcer. There was no skin integrity care plan, wound care plan, waterlow assessment (risk assessment for pressure ulcers) or moving assessment. Progress notes recorded an improvement in the condition of the ulcer. This was confirmed in discussion with a nurse and through photographs provided on day three of our inspection. For another person who had been admitted 12 days before our inspection there was no dressing plan or care plan for a pressure ulcer. Their skin integrity care plan did not reflect the changes in the status of the pressure ulcer. This person did not always let health care assistants reposition them and occasions when this occurred had been recorded. However risk assessments had been put in place in response to care needs and risks related to falls, nutrition, moving and transferring people. This meant there was a lack of consistency in ensuring potential risks to people's health and welfare were identified and responded to. On the second day of our inspection these assessments and care planning had been completed.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing arrangements did not always result in a consistent response to requests for assistance.. There were varied comments from people about the staffing arrangements and response from staff to requests for assistance. One person told us they had to wait "A long time before they come." and another "Staff come when you press the bell". They told us it was better because the same staff worked on specific floors. A third person said "Sometimes staff come very quickly but at other times they are very busy." Staff told us the staff arrangements had improved. One staff member said "Staffing is much better now we don't use agency staff." The arrangements where the same staff generally work on specific areas of the home was seen as positive by staff we spoke with. These arrangements can help in ensuring consistency of care.

The registered manager told us they allocated more staffing hours per shift than were required for people's assessed needs. From 3 December 2015 the home had fully recruited staff with no use of agency staff. We observed staff responded promptly to bells however we noted one person was in bed at 12; 30 and they said they had been told "I have to wait." They said they had been wanting to get up. A relative told us at times her relative was in bed until 12 o'clock midday. They said they had not been asked if they wanted to get up. Whilst records showed when people had been asked to get up they did not record when the person refused which we were told by staff was the case in this instance. We discussed this with the registered manager and they agreed to look at the recording by care staff with regard to getting people up.

## Is the service effective?

### Our findings

The service was effective.

Nutritional care plans had been completed with actions where there were concerns such as regular weighing and referrals to a nutritionist. For some people there were food and fluid charts. These had been put in place where the service had identified a potential risk to a person's health because of poor fluid or food intake. Improvements had been made in ensuring there were more effective arrangements to support people in having the necessary fluids to maintain hydration. This had been an area of concern at our last inspection. People who were at risk of dehydration as a result of chest infection or other acute illnesses, on feeding tube and those who could not drink without assistance were on fluid charts. However care plans did not always record any identified poor fluid intake and actions to take when this occurred. Records confirmed a number of people had been prompted to drink and this was recorded. In parts of the home there were "hydration stations". These were drink dispensers to improve access of drinks for people. On The Marketplace where people living with dementia are cared for and supported they had introduced differing coloured jugs. Research has shown use of coloured jugs and glasses can improve fluid intake for people living with dementia.

There had been improvements made to the environment of The Marketplace since our previous inspection. This had included the use of colour to improve orientation of people. Each corridor had differing colour to help people find their way around the home. There were "destinations" at the end of each corridor such as beach themed area and garden area with seating and plants. This meant people who walked around the floor would be able to sit and reach a destination rather than walk without purpose. A staff member told us how the changes "Had had a positive effect on people."

We had received concerns that changes in the environment on The Market Place had had a detrimental impact on people's quality of life. We saw the signage for toilets was of images of male and female figures. These may not always provide a visual prompt for people living with dementia. We were told how one person's behaviour and orientation had improved when a picture of a toilet had been in place which had been removed before our inspection. There was no picture signage for communal areas such as dining room or lounges. Toilets and bathrooms were clinical and did not offer visual prompts through the use of décor and decorative items to provide a warm and inviting environment and assist people in understanding the purpose of these rooms. We discussed with the registered manager how further improvements would potentially enhance the lives of people. We were told the provider had employed a dementia specialist and the registered manager told us the potential for further improvement would be an area they would discuss with them.

The home provided a range of communal areas on each floor. This included choice of lounges and separate dining areas, one of which was used by relatives who visited at mealtimes and who were able to have a meal with their relative and support people to maintain their relationships. People had furnished their rooms with personal items, pictures and ornaments. On the ground floor there was a café where people from all parts of the home met to socialise. There was a small cinema where regular film events were held. One

relative told us "The home has a very high standard of equipment and furnishings." another said "Lovely environment."

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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.

In line with the MCA consent had been sought for decisions related to the providing of care. For example the use of equipment such as bed rails which could be viewed as "restrictive". Staff demonstrated an understanding of the importance of ensuring people were able to make decisions about their day to day lives. We observed staff offering people choices from where they wanted to sit to what meal they preferred. One person told us "I make decision about what I want to do and when. Staff respect my decisions. That is the way it should be."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We were told a number of applications had been made under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently.

Staffing received training applicable to their roles and responsibility. Records confirmed this had included moving people, safeguarding people from abuse, infection control, dementia awareness and health and safety. The provider had introduced the Care Certificate, a nationally recognised qualification for care workers. Staff were starting to complete this qualification. One relative commented "The carers are well trained."

Staff told us they received regular one to one formal supervision. These provided opportunities for staff to discuss any concerns about their role and responsibilities and for the provider to discuss work performance. One staff member told us they felt well supported. Records confirmed staff were receiving supervision every two months. Appraisals were also being undertaken with staff being asked to identify training needs, parts of the job they did well, areas for improvement and objectives for the year.

There were arrangements for people who required G.P. or more specialist health care support to be referred to the necessary specialist. Some people had been referred to a nutritionist so staff would have access to support and guidance for people where there concerns about their nutritional needs. A health care professional told us that the home was pro-active to risks to people's health and had supported people "Brilliantly" who had complex care needs. They told us the service responded well to relatives who had concerns about people's health.

## Is the service caring?

### Our findings

The service was caring. People told us they found staff "Caring and kind". One person told us "Staff are amazing, caring and nothing is too much trouble." Another person said "Staff respect me and that's what I like." Comments received from relatives and visitors included "Staff are extremely caring." "The carers are very well trained, compassionate, diligent and caring." "All staff are very caring and attentive at all times." "All staff have been respectful and helpful". A relative we spoke with told us "Staff are so caring, polite, have time for people and treat people with respect."

On Marketplace where people living with dementia are cared for we observed staff supported people in a sensitive, respectful and professional manner. On one occasion staff supported a person who was unsure where they wanted to go. They said to the person "(name) do you want to go and sit in the lounge and where do you want to sit. Do you want to sit with (name) like you usually do?" On another occasion a person was observed holding a doll. We were told this was part of their usual behaviour and helped to relax and calm the person. The use of dolls in dementia care settings has been recognised as a professional approach to supporting people living with dementia.

Care records showed people care needs were regularly reviewed. Where possible this was with the involvement of the individual or their representative. We noted during our inspection the lead nurse met with a relative to review care needs of a person. We were also told how one relative meet regularly with nursing staff to discuss the care needs of their family member. This meant people and/or their relatives had an opportunity to meet with nursing staff so the service could provide the care and support people needed.

We spoke with staff about their understanding of equality and diversity. Staff had limited understanding and understood it to refer to people's religious beliefs rather than areas such as sexual preferences and disability. The provider had recently introduced the care certificate training about this area. This meant staff should improve their understanding of equality and diversity and how it relates to the people they support.

We spoke with people who spent most of their time in their rooms rather than in the communal areas of the home. They told us this was their choice and liked the privacy of remaining in their room. One person told us "Staff know it is my choice they respect my privacy and that's what I like." Another person said "Staff always let me decide where I want to be and sometimes I like to stay in my room." Other people we asked said they felt their privacy was respected particularly when staff were providing personal care. One person told us "I never feel awkward or embarrassed when staff are bathing or helping me, they always respect me and my privacy."

## Is the service responsive?

### Our findings

Some aspects of the service were not always responsive for example, ensuring care plans were person centred. Care plans provided information centred on the nursing care needs of the person. Assessments had been completed which identified areas such as dietary preferences, skin care and moving however there was little which reflected the person as an individual. There were "Who Am I" documents which can provide information about people's lives, relationships, daily routines, preferences in terms of male or female care workers.

There was inconsistency about how staff responded to people as individuals and the providing of personalised care. We identified two people whose behaviour could present as challenging to care staff. One person did not accept some members of the care staff assisting them. Another person at times presented as a risk to themselves and others. Staff were not able to tell us how they could respond in a positive way to this behaviour and there were not specific care plans providing information to staff about strategies in responding to such behaviour.

However some people told us staff understood and knew their routines and preferences. One person told us "The staff know what I like and don't like. They always ask me what I want to do and it is my decision." Another person said "The staff know my routines, when I want to get up for example." Staff were able to tell us about specific preferences of people. For example one staff member told us how one person liked to be bathed a particular way. Another told us how they supported one person in getting up and dressed and how they liked to wear make-up, this was part of their daily routine.

People and relatives told us they were able to discuss their care needs with staff. One person told us "The carers are always asking if everything is alright do I need any more help." Another person said "I have told them what I like and don't like and they know my routines which is good." One relative told us "I am 100% really pleased with the care, staff always there to listen. They keep me informed and we have sat down with a nurse to talk about the care (name) receives." One person said "I always say what help I need and staff listen to me." Another person said "Staff are always asking me if I am getting the help I need." One relative we spoke with told us they had met with nursing staff to talk about the care needs of their relative. They told us "I can always say if I think (name) needs more help or wants something different; they listen to what I say."

People were offered a range of activities which generally took place in the coffee bar area of the home on the ground floor. Activities were provided which suited people living with dementia. Included were music therapy, creative arts and crafts and one to one activities centred on the interests and history of people living in the home. The coffee bar area was clearly somewhere where visitors could socialise in a relaxed and welcoming environment.

At the time of our visit we observed an activity where people were encouraged to talk about their past lives and objects were used to prompt memory. Some people were supported to be part of the activity by a member of staff. Other activities which were planned or had taken place included music and movement, photography club, activity trolley (range of sensory objects to act as stimuli for discussion) and pets as

therapy. Some people had been able to use the home's iPad to make skype calls and other internet activities.

People told us they enjoyed the activities available. One person told us "It is lovely always something going on." and another person said "I enjoy the coffee morning." The home had a small cinema and one person told us how much their relative enjoyed the films.

Relatives and others who visited the home commented on the welcoming and friendly environment. One visitor commented "I am a regular visitor. What I like is that every one of the staff are welcoming, happy to chat and friendly. I feel part of the family atmosphere." A relative said "Everyone is so friendly and welcoming." Another relative said "Staff are always there to listen and they keep me informed." A third relative commented "The manager and staff make a friendly team and good atmosphere." This meant the home promoted an environment where people had the opportunity to maintain relationships that were important to them.

The service promoted a culture where people and their representatives could express their views and voice any concerns about the care people received in the home. People told us they could "Always" say if they were unhappy about anything. One person said "I have gone to the manager and they listened and did something which was good." Another person said "I know I can make a complaint if I wanted to but have never had to." A third person told us they had raised concerns with the registered manager and "They were being looked into." Comments from relatives included "Any problems are dealt with quickly and efficiently." and "Nothing is a problem I would not understand why anyone would have a problem going to the manager if they had a concern." and "They listen to any concerns and respond quickly."

We looked at some complaints which had been made. There was evidence of actions being taken where the complaint had been substantiated such as new arrangements for record keeping and addressing care concerns. In one instance a complaint had been made about alleged rough handling of a person. The registered manager had referred this to the safeguarding team. It was subsequently found to be unsubstantiated. This showed how the provider was open to working and co-operating with outside agencies. The registered manager told us how they tried to promote an environment where people and others could voice their concerns and be listened.

Meetings had been held for people living in the home and relatives. Minutes show how people had raised concerns and issues about activities specifically at the weekend. We understood from speaking with the activities co-ordinators this had been addressed and from February 1st 2016 activities would be provided at weekends. Other issues raised included staff responding to call bells, menus and food quality, staffing arrangements. The registered manager had responded to the issues raised and taken actions. This meant people and others had a forum to voice their views and register concerns.

## Is the service well-led?

### Our findings

The service was not consistently well led. Improvements could be made in engaging with staff about the care people receive and need. Whilst staff handovers meetings were held daily this did not include the nursing staff so there was no guarantee all information would be passed to health care assistants. For example on a nurse's handover meeting we attended it was raised how one person had experienced difficulties in swallowing during the night. We then attended the day shift health care assistant handover (no nurses are present at these handovers) and this information was not shared by the senior healthcare assistant. We were subsequently informed by the registered manager they had changed, with immediate effect, handover arrangement in that these meetings would now be attended by nurses.

A number of quality assurance and quality indicator audits were completed on a quarterly or monthly basis. These included infection prevention and control, medication compliance. Pressure wounds were audited to show frequency and improvement. This showed for the month of January 2016 one identified pressure wound had healed. Care plan audits had been completed but had failed to show the shortfalls we have identified about the lack of person centred information and completion of assessments. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Medicines audits we saw had not identified the lack of PRN protocols. However following the inspection we were told a audit in January 2016 had identified this shortfall and action was now being taken to ensure PRN protocols were in place. There were people who had feeding tubes also known as PEG. A PEG is where a tube is inserted directly into the stomach so the person can receive the necessary nutrition. There were specific care plans in place.

Health care assistants told us there was not always the opportunity to look at people's care plans and have the opportunity to meet as a group to discuss the care provided to people. One health care assistant told us "We do not get involved in care plans." They told us they would like to meet as a group to discuss their role, responsibilities and importantly the changing needs of people living in the home. They told us general staff meeting were regularly held but these were attended by all staff i.e. care and non-care staff.

Staff we spoke with were very positive about the approach of the management team and particularly the registered manager. It was evident, and staff were aware of, the management structure and the arrangements for support, clinical supervision and department heads such as housekeeping and catering. A daily heads of meeting was held at which highlights for the day were raised. As part of this meeting they identified people who were "Residents of the day". This was where the identified individual's accommodation was audited in relation to the state of the room and any maintenance issues which needed to be addressed. The meeting also highlighted events of the day and any expected professional visitors.

Staff described the registered manager as "Approachable and supportive." One staff member told us "I would feel very confident going to the manager about anything, she would listen to me." another said "The manager is fair and responds to things we raise." Another said how they had raised an issue about a

member of staff and was pleased with the response they received.

The home had received a 93% score from a staff questionnaire. There had been responses from 86 of the 92 staff. This identified differing levels of agreement with set statements. The results showed a high level of agreement in specific areas. For example: how the leadership acted in the best interests of people living in the home and the home is focused on delivering high quality resident care. 70% of staff agreed the care home had changed for the better over the past 12 months.

When asked about the culture of the home staff said it was about people feeling able to say what they thought and be part of the home. This also applied to staff i.e. being able to express their views and feel confident in doing so. The registered manager told us they wanted to promote a home which provided a safe environment and people felt "Safe and secure, it is their home."

The registered manager told us of Heart and Soul award. This was awarded to staff who had been nominated by people living in the home, relatives and other staff. The registered manager said it was one way of showing how valued staff were. When we asked staff about this award they were very positive about the effect it had on morale and staff feeling recognised for what they do.

The home had established links with local community groups such as the local allotment and rotary club who both held meeting in the home. The home had funded improvements on the local allotment to enable people in the home as well as members of the local community to use and benefit from the allotment. The local college had provided artwork for the home which was displayed in areas of the home.

The registered manager received support from a regional manager who also visited the home and undertook quality reviews. This included discussions with people living in the home and staff.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

Some further comments we received from relatives: "Home is a beacon of excellence when compared with some others in the area." , "The move to the home has surpassed our expectations and my relative is extremely happy here. Overall a good experience." , "Everything is excellent they care for my relative very well indeed." ,

"The care provided would appear to be excellent in every respect." ,



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 12 HSCA RA Regulations 2014 Safe care and treatment  There was a failure to ensure risk assessments and care planning was completed to meet people's health and welfare needs. Regulation 12 (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a failure to ensure there were effective and robust governance including assurance and auditing systems and processes. Regulation 17 (2) (a)  There was a failure to ensure records were completed and provided the information and guidance to staff so people's needs could be met effectively. Regulation 17 (2) (c)