

Mrs H Burnett-Price

West Farm House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

West Farm House accommodates 10 people in one adapted building. At the time of the inspection there were seven people living at the home.

This inspection took place on 19 and 26 June 2018. The first day of the inspection was unannounced.

At the inspection in June 2016, we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued three warning notices to ensure the provider made improvements. An inspection in November 2016 showed the provider had addressed the shortfalls, as identified in the warning notices. Further improvements were identified at the last inspection, which took place on 22 February and 03 March 2017. However, some areas needed further development and to be embedded over time. We made one recommendation for the provider to consider current guidance on safe recruitment practices and take action to update their practice accordingly.

At this inspection, further improvements had been made but there were remaining shortfalls in some areas.

A registered manager was not required due to the registration of the service. The provider was responsible for the day to day management of the home. They were available throughout the inspection.

At this inspection, safe recruitment practice was not being followed. This did not ensure people's safety, as the provider could not be assured prospective staff were suitable to work at the service.

The required checks had been undertaken in relation to the fire safety systems. However, the checks had identified some of the internal fire doors did not close properly when the fire alarm was activated. This did not ensure any smoke would be sufficiently contained in the event of a fire. There was no evidence to show any action had been taken to address this. A Fire and Rescue Service inspection had identified external fire doors compromised effective evacuation in the event of a fire. New fire doors were in the process of installed.

People medicines were not always safely managed. There was information about "as required" medicines but it was not specifically related to each person. Staff had not always signed the medicine administration record to show they had applied people's topical creams. There had been three errors with people's medicines in the last five months.

Improvements had been to the structure and content of people's care plans. Some plans were detailed and person centred although there were areas that lacked clarity. Staff had recorded some entries in people's

daily records that were subjective, rather than being factual. All care plans were up to date and regularly reviewed.

Whilst the quality auditing systems had been developed, they were not fully effective. This was because the audits had not identified the shortfalls we found during the inspection.

People and their relatives were encouraged to give their views about the service. This was informally through general conversation or by the completion of surveys. Whilst feedback was positive, it was not coordinated to give an overview of people's views.

People were happy with the care they received. There was a strong focus on promoting independence and encouraging people to have a good quality of life. People were encouraged to follow their own routines and make decisions about their care. People's privacy and dignity was promoted. New opportunities were being developed to enhance social activity provision. People were encouraged to help out within the home if this is what they wanted to do.

People had enough to eat and drink. The food was varied, of a good quality and well presented. All food was cooked "from scratch" with an emphasis on fresh produce and people's preferences.

There were enough staff to support people safely. Staff knew people well and there was a relaxed, homely atmosphere. Staff had time to spend with people and were not rushed. Any requests were undertaken in a timely manner.

Staff felt well supported and received training to help them in their role. Staff knew people well and established relationships had been built.

The environment was homely, comfortable and well furnished. There was a large, well maintained garden which people enjoyed. All areas of the home were clean and there were no unpleasant odours.

We found three breaches of regulation at this inspection and made one recommendation.

You can see what action we told the provider to take at the back of the full version of the 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 safe.

Safe recruitment practice was not followed.

Not all risks to people safety had been identified and addressed.

People's medicines were not always safely managed.

There were sufficient staff to support people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were not always supported in line with the Mental Capacity Act 2005.

People receive good quality food and had enough to drink.

People received good support to meet their health care needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with kindness and compassion.

People's rights to privacy and dignity were promoted.

Good ●

Is the service responsive?

The service was responsive.

People were happy with their care and received a personalised service.

Improvements had been made to people's care plans.

Social activity provision was being developed to enable people to have more opportunities.

Good ●

People and their relatives knew how to raise a concern.

Is the service well-led?

The service was not always well-led.

Management systems were not always well managed.

Quality assurance systems were not effective in identifying shortfalls.

The provider was receptive to feedback and passionate about providing people with a good service.

There was on-going development within the service.

Requires Improvement ●

West Farm House

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 19 and 26 June 2018 was unannounced. The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We spoke to all seven people who lived at the service and two relatives. After the inspection we spoke to two more relatives on the telephone. We spoke with the provider and three members of staff. We looked at people's care records and documentation in relation to the management of the home. This included quality auditing processes and staff training and recruitment records. After the inspection, we received feedback about the service from one health and social care professional.

Is the service safe?

Our findings

At the inspection in June 2016, we issued a warning notice to ensure the provider made improvements to staff recruitment practice. At the last inspection on 22 February and 3 March 2017, action had been taken but further improvements were needed. We made a recommendation for the provider to research current guidance on safe recruitment practices and take action to update their practice accordingly. At this inspection, records showed this recommendation had not been addressed and recruitment practice was again not safe.

The provider had not gained sufficient verified information about one member of staff before they started employment. For example, the reference to describe the prospective staff member's past working performance, did not match the details on the application form. It was not written on headed note paper and was addressed to "whom it may concern." The provider had not verified the source of the reference, to ensure it was accurate. Another reference was written on headed note paper but again, the name of the person providing the information was different than what was detailed on the application form. The reference had been completed by the applicant's partner, so was not an objective view. This had not been identified by the provider. In addition, the process of asking a prospective staff member to supply a reference, rather than the provider requesting it directly, was not safe practice. This was because the provider could not be assured the information was from a genuine source and therefore accurate.

There was very limited documentation to demonstrate the recruitment process of a volunteer. This lack of information did not show they were suitable to work with vulnerable people. The provider told us the volunteer had completed a Disclosure and Barring Service (DBS) check but they had not seen the outcome. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. As the provider had not viewed the outcome of the DBS, they could not be sure the volunteer was suitable or safe to work with people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risks to people's safety had been identified and considered. This included people's mobility and the risk of malnutrition. However, other areas such as the risk of developing pressure ulceration had not been considered. The deputy manager told us they had developed formats to document such risks and were in the process of implementing these. The provider told us people were aware of their capabilities and some took risks, as part of their independence. They explained one person liked to do 'odd jobs' in the garden but could be unstable, whilst doing so. The provider told us staff were aware of this and would monitor the person from a distance. This promoted independence but staff were on hand if there was a problem.

Staff had undertaken weekly checks of the fire safety systems. However, on various occasions, it had been identified that some of the internal fire doors, did not close properly when the fire alarm was activated. This impacted on the safe control of potential fire or smoke. The records did not show what action had been

taken to address the shortfalls. Another record showed an external contractor had serviced the emergency lighting but regular testing by the provider, had not been completed. Records showed the passenger lift had been serviced as required. However, it was identified a particular part was worn and in need of replacement. The provider was not aware of this although felt it was not a priority, as the insurance renewal check had not highlighted it as a problem.

In December 2017, the Fire and Rescue Service undertook an inspection of the service and identified a number of fire safety concerns. These included multiple fastenings on an escape route, a break glass point which was no longer operational and insufficient escape route signs. These shortfalls were deemed to impact on the safe evacuation of people in the event of a fire. The provider told us new doors had been ordered and were in the process of being purpose made. All doors would be fitted as soon as they were finished. New signage to clearly show exit routes had been put in place.

People's medicines were not always safely managed. Guidance was not available to staff to ensure each individual medicine to be given as required, was administered as prescribed. Staff had not always signed the medicine administration record (MAR) to show they had applied people's topical creams. One person was prescribed a pain relieving patch, which was to be applied to their skin on a weekly basis. On one occasion, the MAR showed it had been applied a day earlier than prescribed. There were no records such as a body map to show the rotation of the patch. There were handwritten entries of medicine administration instructions on the MAR. These had not always been signed and countersigned by staff to ensure the information was accurate. Records showed there had been three errors with people's medicines, since the beginning of March 2018. Staff had appropriately sought advice from the GP in response to the errors.

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

Other aspects of the medicine administration systems were appropriately managed. People's medicines were orderly and securely stored. Any short life medicines were dated when opened and there were regular reviews to ensure all medicines remained appropriate. Staff had received training in the safe administration of medicines. The provider told us they supervised new staff until they were deemed competent to administer medicines on their own. Information was available to staff in regard to how each person liked to take their medicines.

People did not have any concerns about their medicines. One person told us, "They keep all the medicines locked away so they're all safe." Other comments were, "They bring [my medicine] along at the same time every day and I take it" and, "If I say I have a headache, they will get me a paracetamol."

Staff were aware of their responsibilities to identify and report a suspicion or allegation of abuse. They said they would report any concerns to the provider or to other agencies such as the local safeguarding team. However, records did not show staff had received up to date safeguarding training. The provider told us this was in the process of being arranged. Staff knew people well and said they would be able to identify any changes, which may indicate potential abuse was taking place.

People had no concerns about their safety and told us they felt safe. One person said, "I feel very safe and secure." Another person said, "Yes, I do feel nice and safe. The people are very nice. I get on with all of them. They're all good here." Relatives had no concerns about their family member's safety. They told us, "There is excellent safety and care" and "This, [personal belonging] belonged to my mother. It was nice we could bring it. All things are safe. The security is very good." Another relative told us "[My family member] is perfectly safe. We've seen nothing to be uncomfortable about."

There were enough staff to support people safely. Records showed there were three staff on duty during the morning until 14.00 and two in the afternoon and evening. At night, there was one waking night staff and a member of staff and the provider, were 'on call' as required.

In addition to supporting people with their care, staff were responsible for all cooking and cleaning within the home. Staff told us whilst they had enough time to complete these tasks, having a specific cook or housekeeper would enable them to spend more time with people. The provider explained they considered catering and housekeeping to be part of each person's care and therefore the care staff's role. Throughout the inspection, the home was relaxed and staff went their work in a calm manner, without rushing. Any requests were undertaken quickly and call bells were answered without delay.

People told us there were enough staff to support them. One person told us, "There is definitely enough staff. I never have to wait for anything". Another person said, "We have someone on duty at night. When you ring the bell, almost immediately somebody turns up". Other comments were, "I've never seen this place understaffed" and "The girls [carers] are in and out all the time." One relative told us, "There are enough staff, in fact with the number of residents, sometimes staff out number them." A health/social care professional told us, "There is always someone [a staff member] to speak to if necessary."

The home, including less visible areas, was clean and there were no unpleasant odours. Staff had clear cleaning routines and were aware of their responsibilities to minimise the risk of infection. They said protective clothing such as disposable gloves and aprons were readily available. Records showed staff had received training in infection control and audits had been undertaken.

People told us they were happy with the cleanliness of the home. One person told us, "My room is very clean. They come in and do it every day". Another person said, "The staff come in every day to dust and Hoover".

Is the service effective?

Our findings

People were not always supported in line with the Mental Capacity Act 2005 (MCA). The 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.

One person was given sweets when receiving their medicines in the morning. The registered manager told us they stored the person's sweets in the kitchen, as they would probably eat them all at once, which was not good for them. They said the person had capacity and was happy with this arrangement but there was no documentation to evidence this. Other people had monitors or pressure mats to inform staff of their movements. One monitor meant the person's movements and discussions with others, could be heard in the kitchen and entrance area of the home. There was no guidance for when the monitor was to be used or the person's consent. Less restrictive options, rather than the use of the monitor had not been considered.

A member of staff had started to implement documentation to evidence people's capacity to consent to the equipment and any decisions made in the person's best interest. However, more work was required to complete this. The member of staff told us they had requested assistance from a local authority to help them with this area.

We recommend that further consideration is given to ensure people are supported in line with the MCA.

During the inspection, staff encouraged people to make decisions and direct their care. For example, one member of staff asked a person, "Would you like your hair washed and your bath now?" to which the person replied, "Yes please. I'm ready now." Another member of staff asked a person if they wanted their door to their bedroom left open. The person told them "Yes, I like to have my door open so I can see what's going on."

There were clear criteria for admissions within the home. The provider told us any new person needed to 'fit in' with people already living at the service, as well as its style and atmosphere. They were aware the home was "not for everyone" as it was small and quiet in manner. The provider told us they always met any person who showed interest in living at the service. They said they would not take any risks and had to be assured, each person's needs could be met safely and effectively.

Records showed the assessment process undertaken. Some of the information was brief yet the provider was aware of further detail. This was given to staff to ensure they were aware of what the person needed. Staff told us they had enough information to support people. A relative told us they had discussed their family member's needs before being offered a place at the home. They told us, "They chatted to me before [family member] was coming here. We had an assessment with the GP and all care plans were set in place." Another relative said "We sat down and talked to [name of provider]. This happened two or three times more and we chatted about things like her dietary needs, her health history and the like. In fact, this is why

we chose this home because they made sure they could meet her needs."

People told us staff were knowledgeable and competent in their work. One person told us, "The staff are well trained. They all have to be. I had a fall and they all knew how to get me off the floor." Another person said, "I am very happy with the cares. They all try to improve themselves. They do exams and they have done dementia training." A relative confirmed this and said, "The staff are knowledgeable and strong in every aspect." Staff told us they were happy with their training. They said the provider always informed them of any training they needed to do.

Records showed staff had received regular training in topics such as infection control, moving people safely and food hygiene. The provider told us the use of the home's defibrillator, was incorporated into the emergency first aid training, which all staff were required to complete. They said focus had been given to ensure all staff had a clear foundation of topics associated with their role. This had included staff completing the Care Certificate, a recognised training format generally for new staff, when starting their employment at a service. The provider asked all staff to complete this so they were all "singing from the same hymn sheet". Staff were encouraged to complete other recognised training programmes. Two staff had recently completed Level 5 of the Health and Social Care Diploma.

People told us they liked the food and had enough to eat and drink. One person told us, "The food is good. It's food I like eating. They know what they are doing. I always like what's on offer." Another person said, "Very good food. They'll make you alternatives. They make delicious bread and butter pudding." Other comments were, "Yes, food is very good. I've put on weight anyway" and "Beautiful cakes, lovely shortbread." One person told us, "We have good meat and they always ask if you want any more. They bring cups of tea in with cake as well." Another person told us, "[The provider] is a brilliant cook. She cooks a lovely Sunday lunch and does a good banoffee pie." A relative told us they had eaten at the home and enjoyed the food. They said "They keep the traditions that older people like, fish on Fridays and Sunday roasts."

The lunch time meal looked appetising and well presented. Staff told us all food was freshly cooked from scratch, including cakes and desserts. The provider told us it was important people received good quality food, which they enjoyed.

There was a strong emphasis on promoting independence and encouraging people to keep well and healthy. Staff told us they provided assistance where required but always encouraged people to do as much for themselves as possible. One member of staff told us when assisting a person to have a wash, they would assist with those "difficult to reach" areas. They said the person would be encouraged to do the rest themselves but they would be available to help if required.

People told us they received good support to meet their health care needs. One person said, "They [the surgery] have been marvellous. They're done an excellent job. The district nurse has been in each week and I've seen the tissue viability nurse." Other comments were "They recognise when I'm not well and will report it" and "The GP regularly comes in every week to check on things." Relatives gave us similar feedback. One relative told us, "[The provider] told me she had spoken to the GP and got an emergency appointment. Action went on from there." Another relative said, "Dentist, optician, chiropodist. They've all been in to see [family member]". One relative told us their family member had experienced swallowing difficulties so staff had referred them to the Speech and Language Team. A health professional told us staff always contacted them appropriately with any medical concerns.

Records were maintained of any appointments or consultations with health or social care professionals. The

provider confirmed the home received "excellent" support to meet people's health care needs. They said, "I only have to call the GP and they're here."

People and their relatives were complimentary about the environment. One person told us, "I have a very comfortable room. I brought some of my own things with me." Other comments were, "I have a lovely room. I like the view" and "I have a comfortable bed. I am alright here and it's good value. I feel quite lucky." A relative told us, "the atmosphere is like walking in to my own home. I have a cheery welcome and they know my name." Another relative told us, "It's homely, not like an institution." People told us they enjoyed the garden. One person said, "We have a nice garden which I like to sit in. We have afternoon tea on the lawn."

The environment was comfortable and homely with an attention to detail. All rooms were individual in style and personalised, with people's possessions. There was a large, well maintained, attractive garden with various seating areas.

Is the service caring?

Our findings

The provider told us the main focus of the home was to ensure people were provided with a good standard of care and shown respect and compassion at all times. They said they ensured this by employing the "right staff, who were caring, committed and had strong values." They told us they regularly worked with staff and acted as a role model, so their expectations of care delivery were clear. The provider told us they were passionate about West Farm House being a "real" home, where people felt comfortable, relaxed and happy within a pleasant and clean environment.

Whilst there was a caring focus within the home, some information about people contained subjective language, which was not appropriate. For example staff had documented, "a tad grumpy this afternoon" and "[person's name] can be argumentative" and "very demanding". The provider told us they believed this terminology did not match the home's values or caring ethos but was more of a record keeping issue. They said they would address this with the staff team.

There were many positive interactions and staff spoke to people in a respectful manner. There were natural conversations about families, local events and news stories. One member of staff accompanied a person to the dining room. They gave instructions on which way to go but also gave encouragement and spoke of topics such as the weather and the lunch time meal. Another member of staff asked a person if they needed any support. The person declined to which the staff member replied, "Ok, but if you change your mind, just shout or ring your bell. Don't struggle." Another person was putting their shoes on. A member of staff asked them, "Are you ok? Can you manage? You sure?" The person said they did not need any assistance but the staff member discreetly monitored the person to ensure they were managing. During the afternoon, one person sat in the kitchen with a member of staff. They were relaxed and spent time chatting and watching the member of staff undertake their work.

People told us staff knew them well. One person told us, "We chat all the time. We're like friends." Another person laughed and said "I have let slip my worst secrets over the years. They're very good at remembering the names of your children. The interest they have in you is important." Staff told us as the home was "small and intimate" everyone was "like a big family". One member of staff said "We see people regularly and support them in an intimate way so you do get close to them." Another member of staff said "We get to know what people like, their families and them as a person. It's a great job." A relative confirmed this and said, "People here are from a variety of backgrounds but all equal here."

There were positive comments about the staff. One person told us, "The girls are nice and kind. There's always somebody about." Another person said, "I am treated with care and compassion. I can't believe how good they are. The staff are very friendly and caring. They have a sense of humour, which is so important." Other comments were, "They want to help – I like the [staff]", "The staff are alright. They treat me kindly," and "They're kind people. I enjoy their company." One person told us, "We have very good staff, all of them. We have a laugh or a joke or two." A relative told us "The staff are good and there's a happy atmosphere." A health/social care professional commented the staff were always happy and could be contacted easily.

Relatives were equally positive about the staff. One relative told us, "They are friends rather than staff. They love the people, every one of them." Another relative told us, "My [family member] has medical and physical care but the really important aspect of care is personal, emotional and social." They said staff provided this with the "highest quality and degree". Another relative told us a member of staff had supported their family member at a family funeral. They said, "Not only that, but the carer went out in their own time and bought [family member] a new outfit to wear." One relative told us the home held a birthday party for their family member. They told us "We could invite all the family."

People and their relatives told us rights such as privacy and dignity were promoted. One person told us, "I can be private. I sure am treated with dignity and respect. They listen to me and speak kindly." Another person said, "If I want privacy, I come to my room and shut the door. They knock on my door before coming in." A relative told us, "They're good on dignity and respect. If anything happens, staff deal with it without any fuss."

Staff told us promoting privacy and dignity was something the home did well. They gave examples of ensuring people were properly covered during personal care and respecting people's personal space. Another member of staff told us one person chose to eat all of their meals in their room. They said this promoted their dignity, due to the difficulties they had with eating. One member of staff told us, "We are guests in people's homes so always need to be respectful to them and their possessions." The provider told us they felt this was important and always promoted a pleasant, relaxed environment. During the inspection, a member of staff brought hot drinks to the lounge. They did not put them down, until they had found coasters to place them on. They told us they did not want to damage or leave any stains on the table, which would be unsightly. Staff consistently knocked on people's doors and called out before entering. They asked people if it was convenient for their room to be cleaned.

Is the service responsive?

Our findings

People were happy with their care and looked well supported. A health/social care professional confirmed this and told us, "The residents all appear very well cared for, clean and well dressed." Relatives were also happy with the service provided. One relative told us since living at the home, their family member's body was "in balance" and their health was as "good as it could be".

People were able to follow their own routines and be assisted with their care, at a time that was convenient to them. For example, people were able to get up when they wanted and have their breakfast at a time of their choosing. People were offered assistance with their personal care as required and had the choice of a bath or shower on a daily basis. Staff encouraged people to have their meals where they wanted them and spend their day, as they preferred. People were encouraged to use their call bell for assistance or requests, such as needing a drink or snack.

Staff told us the size of the home enabled a personalised service. They said they were aware of people's likes and dislikes and accommodated these. One member of staff gave examples of some people's food preferences, their preferred portion sizes and the crockery they liked to use. Another member of staff told us of a person's hobby and the support they received with this. One staff member told us how best to approach a person due to their health condition. Staff were aware of people's past history such as occupations and family members. One member of staff told us talking to a particular person about their past interests, enabled them to further engage in conversation. The provider told us they tried to do "extra little things" for people which "make all the difference". This included planting flowers outside of a person's window so they could see them when sitting in their chair.

Improvements had been made to people's care plans. There were areas of detailed information about the support people required and their various routines. For example, one record stated a person needed help to do up their buttons. Another person required staff to place toothpaste on their toothbrush to enable them to clean their teeth. Another person liked to have a necklace to match their outfit. However, other information was less detailed. This included one person who had a wound. Their care plan did not show how this was being managed or how it impacted on their mobility. Another person was living with dementia yet there was no information about how it impacted on their daily life. Within one care plan it was documented "Staff to look out for any changes in my skin's condition." It did not give further detail to inform staff what they were looking for. Another record stated "Staff to inform a doctor if I become constipated." The plan did not detail what other measures were in place to manage this condition.

People told us they were involved in the planning and reviewing of their care. One person told us, "We do talk about my care plan and go through it from time to time." Another person said, "Yes, we talk about my care plan and write things in it. They ask me all the questions and I have my say in it." Other comments were, "I'm shown the care plan and asked if I would like to contribute to it" and "They do ask me about things." Some people had signed to show they had been involved in the review of their care plan but not their actual care plan.

The provider told us focus had been given to enhance social opportunities for people and develop community links. This had included an exercise class and a white wine spritzer afternoon. There were plans for the local school children to visit in order to talk and exchange stories with people. People were encouraged to undertake various tasks in the home such as watering the plants or washing up, if this is what they wanted. The lunch time meal was promoted as a social occasion where people gathered and enjoyed conversation with each other. There were copies of the village magazine in the entrance hall to enable people to keep in touch with what was going on in the community. A poster advertised the amount of money people had raised for a local charity. People regularly went out with their families and visitors were welcomed.

People told us they were happy with how they spent their day. One person told us, "I get the impression that people are happy and like doing the exercises. [Name of person] comes in and does an exercise class with us once a fortnight." Other comments were, "I spend a lot of time reading. I have joined a book club" and "I love the garden. I go out in it, when I can." Another person told us "I go to church when it's a family service. Someone comes from the church and takes me." One person told us staff helped them to continue an interest they had before they moved to the home. Relatives confirmed they were happy with the social opportunities offered to their family member. One relative commented about the home's annual garden party. They told us, "All staff are invited along with friends and relatives. They had a Jazz band on the lawn."

At the time of the inspection, no one was receiving 'end of life' care. The provider told us if this was required, they would work closely with the GP and community nurses, to ensure the person was comfortable and pain free. They said there was a commitment and passion, to enable people to remain at the home during their deterioration and not go into hospital, unless absolutely necessary. Staff spoke fondly of people who had passed away and the care they had provided. Some people's preferences about 'end of life' care were detailed in their care plans. One plan stated, "I would like my music on. I would like to know some one's with me. I don't want to be alone." Other information was more limited. The provider told us people had not wanted to discuss this aspect of their life. They said it would be revisited to ensure people's wishes were known.

People and their relatives knew how to make a complaint if they were not happy with the service. They said they would talk to staff if they had any concerns. One person said, "Oh yes, I feel that I could talk to the girls. We're lucky having staff like this." Other comments were, "I have all the care I need. I can't complain about anything" and "Sure, I could talk to staff but I'm not worried. It's very nice here, couldn't be nicer." One person told us, "I have complained and they do come round and let you know what's happening."

There was a copy of the complaint procedure in the entrance hall. The provider told us there had not been any formal complaints. They said if people had any concerns, these were raised informally through conversation and addressed quickly before escalating. The provider told us people were confident and easily able to verbalise any concerns they had.

Is the service well-led?

Our findings

The provider had ensured on going improvement, following the inspection in 2016. This included the deployment of waking night staff, new care plan formats, the full refurbishment of the laundry room and quality auditing practices. There were now various formats which monitored areas such as infection control and the environment. Other checks, such as ensuring the first aid boxes were properly filled and shower heads were cleaned to minimise the risk of legionella, were undertaken. However, the audits had not identified the shortfalls we found at this inspection. This included staff not documenting they had signed the medicine administration record when applying a person's topical cream and subjective language with people's care records. In addition, the provider had not identified the shortfalls regarding fire safety and that their recruitment practice remained unsafe. This was despite unsafe recruitment practice being identified at the last inspection and previously in 2016.

Some risks to people's safety had been identified but others, such as the risk of pressure ulceration, had not been considered. Accidents and incidents had been documented although there was no overview. This did not enable the information to be analysed in order to identify potential trends and minimise further occurrences.

People and their relatives were encouraged to raise a concern if they were not happy with the service. The complaint procedure directed people to talk to staff or the provider, and document their complaint in a 'Complaints book'. This book was located on a table in the entrance hall. There was also a box, which people could place their written comments in. However, these systems did not promote confidentiality or comply with data protection requirements.

The provider encouraged feedback about the service. This was informally through general conversation and the use of surveys. The returned surveys were kept together on file but the information had not been co-ordinated to give an overview. This did not inform people of the outcome of the surveys or enable the feedback to be used effectively, to develop the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us people's views were acted upon at the time but not always documented. They said many suggestions involved modifying the menus and as a result, various items had been added to the menus. They told us more recently, people's duvets had been replaced with light weight coverlets and secondary glazing had been removed from the windows. These actions had been undertaken in response to the warmer weather and people's requests. The provider told us "We are open to what people say."

The provider's registration certificate and the rating, which was awarded at the last inspection, were clearly displayed in the entrance hall. However, the provider's website showed a previous inspection rating, not the current one. The website also described the home as a nursing home which was not accurate. This error was addressed once brought to the attention of the provider.

There were positive comments about the provider. One person told us "I am a great admirer of [first name of provider]. A special person." Another person said "I know [first name of provider]. She's very good, capable of doing most things. Makes a joke of things, we have a laugh." Another person said "Happy with the whole place here. [First name of provider] is brilliant."

People and their relatives told us the service was well managed and they would recommend it to others. One person told us, "I would say that it is a well-run place. We're looked after." Another person said "They genuinely listen and take things on board." Comments from relatives included "It is managed very well indeed. I visit regularly so got to know and chat to the management" and "Brilliantly managed. I would absolutely recommend it, to myself included." Another relative told us, "the home runs well and the owner and day to day manager have a tight relationship. They run a good ship and are on top of things."

People and their relatives were limited when thinking about what the service could improve upon. They said they were happy with the way the service was, although there were two suggestions. One comment was "I am very happy with the service. They do most things very well. The only time is when staff change over, then there is a bit of a blip." Another view was "Perhaps a bit of redecoration here and there. The doors and the skirting board could be touched up with a lick of paint." One person had no suggestions. They told us, "What could be better than a Gin and Tonic every night."

The provider had a strong presence within the home. They told us they liked to administer people's medicines each morning in order to check people's wellbeing. They also cooked Sunday lunch and enjoyed conversations with people. The provider described a clear ethos which was based on quality of life. They told us they were "hot on independence" and "wanted people to feel good about themselves and to have a purpose and achieve." The provider continued to tell us, a high standard of care, good quality food and a pleasant environment were integral factors of the service offered.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always being identified and addressed. Regulation 12 (1)(2)(a)(b). Medicines were not always safely managed. Regulation 12 (1)(2)(g).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems were not always well managed. Regulation 17 (1). Quality assurance systems were not effective in identifying shortfalls. Regulation 17 (1)(2)(a)(b).
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practice was not being followed. Regulation 19(1)(a)(b)(c)(2)(a).