D & J S Barnfield

Bancroft Gardens Residential Home

Inspection report

Waterside
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Warwickshire
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Tel: 01789269196

Date of inspection visit:
31 March 2016

Date of publication:
10 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 31 March 2016 and was unannounced.

Bancroft Gardens provides care and accommodation for up to 16 older people. There were 14 people living at the home at the time of our inspection.

A registered manager was in post. 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. The registered manager was on annual leave at the time of our inspection visit so our visit was supported by the deputy manager.

People, relatives and staff all spoke positively and enthusiastically about the caring and welcoming atmosphere in the home. Staff were committed to providing a relaxed and friendly environment where people and their relatives felt valued and respected. People were treated as individuals and were encouraged to make choices about their care. People's relationships with their relatives were respected and staff supported people to maintain this important attachment.

Staff were available at the times people needed them and had received training so that people's care and support needs were met. Staff understood their responsibility to safeguard people from harm and report any concerns they had to the management team. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. However, staff had not always followed the provider's processes and procedures to ensure safety checks within the home were implemented consistently.

People were involved in decisions about their care and told us they received support in the ways they preferred. Relatives told us they were informed about their family member's health and involved in ensuring their care needs were met. Staff had information about people's backgrounds to support them in providing person centred care and having meaningful conversations with people about things that were important to them. People were encouraged to engage in hobbies and interests they were interested in.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink.

People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. People received their medicines as prescribed and staff responded quickly if they requested pain relief.

Care staff understood the principles of the Mental Capacity Act (MCA) and gained people's consent before they provided personal care.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the home. This was through regular communication with people, relatives and staff, observations of care delivery and a series of checks and audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People felt safe with the staff who provided their care and support. There were enough staff to meet people's needs and keep them safe. Staff knew how to identify and report abuse and any concerns they had about people's safety. People received their medicines when they needed them. The provider had not always followed their own processes and procedures to ensure safety checks were implemented consistently.

Is the service effective?

Good

The service was effective.

Staff received regular training to support people effectively. Staff understood about consent and respected decisions people made about their daily lives. People were provided with enough to eat and drink during the day and had their healthcare needs met with the support of healthcare professionals.

Is the service caring?

Good

The service was caring.

People and their relatives felt valued and cared for by staff who demonstrated a genuine interest in their wellbeing. People were treated as individuals and encouraged to make choices about their care. Staff supported people to maintain their relationships with family and friends who were important to them.

Is the service responsive?

Good

The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs. Staff had information about people's backgrounds so they could have meaningful conversations about things that were important to them. People were supported to pursue their hobbies and interests. People understood how to make complaints and there

were processes to record and resolve concerns.

Is the service well-led?

Good

The service was well-led.

There was a clear, supportive and approachable management team in place who monitored the quality of the service provided. Staff felt supported in their role and motivated to provide high quality care. People and their relatives were encouraged to share their views which were used to inform improvements in the home.

Bancroft Gardens Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 31 March 2016 and was unannounced. The inspection was undertaken by two inspectors.

The provider had submitted a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with six people who lived at the home and six relatives/friends. We spoke with the deputy manager, three care staff and the cook. We observed how care and support was delivered in communal areas and we observed how people were supported at lunch time. Our observations helped us to assess whether people's needs were appropriately met and to identify if they experienced good standards of care.

We reviewed three people's care plans and looked at a selection of medicines records to see how people's care and treatment was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the available records of the

provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Requires Improvement

Our findings

People who lived at Bancroft Gardens felt safe with the staff who provided their care and support. One person told us, "I feel safe, they even come to me at night if I need them. I had lost my confidence, but I know they are always there now and come quickly." Another said, "There is always someone around and I can call with my bell. That makes me feel safe." One staff member told us, "I think the residents feel safe with us. They often say they feel safe which is nice because you feel you are doing the job properly as we are here to care for them." During the day we observed that people were relaxed around staff and interactions were friendly.

Relatives told us they were confident their family members received safe care from staff who had a good understanding of people's needs. They told us they visited the home several times a week, so would know if their family member's needs were not met. One relative said, "There is always someone around and they look out for [person]. They know what her abilities are and cater for them." Another relative said, "This is just like her home and she feels very secure here. I feel confident I can leave her and not worry." Relatives also felt assured because they had 'fingerprint' access to the home which meant they could visit unannounced at any time of the day or night. The deputy manager explained, "There is no closed door policy so family and friends can come in at any time."

People spoken with felt there were enough staff in the home to keep them safe. One person told us staff came when they called them and explained, "I don't have to call them a lot because I can walk around, but I don't have trouble with waiting for anybody to come." Another person said, "I feel safe, we have a button and when I press it they come straightaway. They are a bit short (of staff) sometimes because of holidays, but there are enough staff around." A relative told us, "There are (enough staff) but it depends on the residents and what their needs are. All the time [person] has been here, it has been fine." Staff we spoke with felt there were sufficient staff on duty to enable them to care for people to a good standard and keep them safe. However, they told us there were times during the evening when they could be busy because the numbers on shift reduced to two care staff. This was confirmed by one person who told us that when they asked for support, "Sometimes I have to wait 10 minutes." The deputy manager told us staffing numbers were increased if anybody was unwell to ensure any risks to the person's health and wellbeing were managed. During our visit we saw that staff were able to spend time with people supporting their different interests and care needs.

The provider did not use agency staff. Permanent staff worked extra shifts to cover staff holidays or unexpected absence so people received continuity of care from staff who understood their needs. One staff

member explained, "Because of the size of the home, staff will come in and do that extra shift if needed."

The provider checked that staff were suitable to support people before they began working in the home. This minimised risks of potential abuse to people. However, we noted that a DBS check for one member of staff had not been carried out until 18 months after they started working at the home. The DBS is a national agency that holds information about criminal records. The deputy manager explained that the member of staff also worked part time for another provider and they had initially relied on the DBS obtained under that employment. They told us the process they now followed would ensure they carried out all their own checks before a person began working unsupervised.

Staff had an understanding of their responsibilities to keep people safe from avoidable harm or abuse. Staff told us they had completed training and felt confident to recognise and respond to different types of abuse to protect people from harm. Staff told us they would not hesitate to report any concerns to the registered manager or deputy manager. One member of staff told us they would take the matter further if the management team did not take appropriate action. They told us, "They have to report it to the safeguarding people. If they didn't, then I would phone up the safeguarding number which is on the noticeboard myself." However, some staff were not sure what action managers needed to take when they received a safeguarding concern. This meant they may not recognise when a concern had not been managed in accordance with the safeguarding procedures so they could escalate it further. From our monitoring of the service we were aware the registered manager and deputy manager were aware of the local authority safeguarding procedure and knew how to make referrals in the event of any allegations received.

There was information displayed within communal areas informing people and visitors how they could raise any safeguarding concerns directly with the local authority if they witnessed or suspected abuse in the home.

Staff told us they would feel confident to challenge other staff if they witnessed poor practice. We asked staff what they would do if they observed another staff member assisting people to mobilise using poor manual handling techniques. A typical response was, "I would speak to them and then say to [registered manager] that they needed manual handling refresher training."

We saw individual risk assessments in people's care records. Risk assessments identified where people were at risk of falls, malnutrition, pressure areas or transferring, such as from bed to chairs. Where risks had been identified with people's care, we saw the correct equipment was in place to reduce the risks such as pressure relieving equipment and mobility aids to support people to mobilise safely. Staff were aware of any identified risks relating to people's care and how those risks were to be managed. For example, one staff member told us, "If they are at risk of falling, we will walk with them and make sure there is no clutter in their rooms." During our visit we found that some of the routines in the home did not always support effective risk management. For example, one person's care plan stated, "Staff need to monitor [person's] whereabouts as they like to walk around the home at times without their [walking] frame." However, staff took their breaks together and sat in the dining room. Although they could maintain sight of the main lounge, there were no staff available to support and observe people around the rest of the home. This meant there was a potential risk of the person mobilising without their mobility aids in an environment that could be challenging due to the age and layout of the building.

We found improvements were needed in monitoring risks in the premises. Staff received health and safety, first aid and fire training to ensure they knew what actions to take in an emergency. There was an up to date fire risk assessment which included the individual support people would need if the home had to be evacuated in an emergency. There was also a critical events plan to ensure people continued to receive safe

and consistent care should there be a disruption in service provision. However, some of the safety checks for the environment had not been consistently completed. For example, water temperature checks had not been completed for several months and weekly fire alarm tests had not been carried out between 1 February 2016 and 22 February 2016. The last gas safety record inspection was completed on 5 February 2015. Although the next gas safety check was due to be carried out within 12 months, there was no record this had taken place. The registered manager told us the home's maintenance man had been on long term sick leave which had resulted in some checks not being carried out as scheduled.

People told us they received their medicines as prescribed and staff responded quickly if they requested pain relief. Comments included: "They get us medicines for pain and come when we ask." "I get my tablets on time and they always ask me if I am in pain." "I always get my tablets, they are very good with my medication and they always ask if I am in pain."

We looked at how people were supported to take their prescribed medicines. People had medication administration records (MAR) completed and records showed people received their medicines as prescribed. We observed the deputy manager giving people their medicines. We saw they followed best practice and took time to ensure people had swallowed their medicines before signing the MAR. However, there was no policy or procedure to guide staff when to give people medicines that were prescribed on an as required basis. A lack of guidance could lead to inconsistency in the administration of these medicines.

The deputy manager told us staff who administered medicines had completed training in safe handling of medicines and had regular competency assessments to make sure they administered medication safely. However, there was no training certificate for one member of care staff, although their competency to give medicines had been assessed. The deputy manager told us the staff member had completed training with their previous employer, but would check to ensure it had been appropriate and certificated.

The deputy manager completed monthly checks on medicines and any errors were addressed during meetings with the staff member concerned and also discussed at staff meetings to inform any learning. The local pharmacy also carried out annual checks and the provider had worked through the recommended actions following the most recent inspection.

Good

Our findings

People and their relatives told us they were happy with the support people received from staff who understood their needs. They were confident staff had sufficient skills and experience to provide the care people required. Comments included; "Staff are well trained, they know what they are doing." "My relative is very safe here, she was in a poor state before arriving but she is now so much better." "[Person's] needs are very well met." "[Person] is well cared for, staff are so good and they know her well."

The PIR explained how the home made sure people received effective care. "We ensure that all staff develop their skills and knowledge to support residents in their assessed needs and preferences. Staff have inductions, supervisions, appraisals and training as required and we keep records and monitor this regularly. Continuing professional development is our aim for staff."

The deputy manager told us new staff completed an induction when they first started to work, that prepared them for their role before they worked unsupervised. The induction was linked to the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. New staff also received support from an experienced member of staff when they first started working in the home. One new member of staff explained, "The first two weeks I was working with someone so I could see what they were doing."

Staff demonstrated a good understanding of each person's individual needs and were confident they had the knowledge and skills to meet those needs. The deputy manager had prepared a detailed training plan which ensured staff received training in all areas the provider had identified as essential to meet the needs of people living in the home. Staff told us they had received training in areas such as first aid, infection control, health and safety and supporting people living with dementia. Some staff received training in manual handling on the day of our visit. A staff member explained, "The training is very good and always updated." We asked staff what value they felt the training brought to their everyday practice. One staff member responded, "It enhances my knowledge and refreshes it. I have more understanding of how to care for the residents and how to implement the proper way of doing things to ensure it is safe." Another said, "It is valuable. It makes you think, 'am I doing this right or have I just got into a bit of a routine'." The deputy manager worked alongside staff providing people with care and support. They explained this provided them with an opportunity to observe staff so they could be assured they were putting their training into practice. They told us, "I have to be on the floor so I can see what is going on. I spot check all the time. I will make sure they are doing the correct job." During our visit we saw staff effectively implementing their training when

supporting people in the home.

Staff understood their roles and responsibilities. They confirmed they had regular meetings with the management team during which they discussed their personal development and training requirements. One staff member explained, "We discuss what our strengths are and what we feel are our weaknesses. We can talk about any issues we have, what we hope to achieve, what we are looking forward to and where we can make things better in the home."

People told us and records showed that health professionals, such as GPs, chiropodists and district nurses visited them at the home. Staff promptly referred people to health care services when required. All the people we spoke with told us staff responded quickly if they were unwell. One person told us, "Staff tell the doctor when I am not well and I also have a chiropodist." Another said, "If I am sick and need a doctor they get them straightaway, even out of hours."

Relatives told us staff kept them informed about any changes in people's health and provided support when people had appointments with healthcare professionals outside the home. One relative explained, "They make sure she has her medicines and when I take her to the hospital they give her a list so I can show the doctor. They will request a doctor if she needs one and will always call me." One person told us, "When I go to the specialist, staff always make sure I take all the information I need."

Some staff had recently completed training in "signs of deterioration". This training supported them in managing people's health needs so they could obtain prompt medical advice and avoid unnecessary admissions to hospital. One staff member explained, "If someone is unwell we can do their blood pressure and take their temperature and pulse. It is about trying to cut down on residents going into hospital."

People's nutritional needs were met. People were provided with a choice of healthy balanced meals to ensure they had enough to eat and drink. The PIR stated, "Meal times are an important social event for residents to enjoy without feeling rushed, with table cloths and napkins to give a homely feel and wine or sherry offered at weekends and other occasions."

People spoke positively about the food provided within the home. Comments included: "After being in hospital I didn't feel like eating but the staff worked wonders with me and encouraged me to eat." "The food is very good. The cook is very good indeed and we get a good variety of food. All the vegetables like the potatoes and cabbage, it is all fresh. You don't get any tinned stuff." People told us the cook would prepare them something else if they wanted something different to what was on the menu that day. One person told us, "I love the food sometimes and sometimes not. They are very attentive and will cook me an omelette or whatever I want." At lunch time we saw people had a choice between cottage pie or a vegetarian option. We observed that where people required additional support to have their meals, staff supported them in a reassuring manner and ensured that they were not rushed when they provided this support. The cook was knowledgeable about people's dietary needs and provided meals that met their needs and preferences.

People were offered snacks and drinks through the day. One person told us, "Food is very good and they always make sure I have fresh drinks to hand." Another said, "There is always fresh fruit you can help yourself to. There is always a jug of water and a glass to help yourself to drinks at any time. If you want a fruit juice, you only have to ask the staff and they will get you one." We saw there was a good supply of overlap tables so food and drinks was always easily in reach for people.

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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The deputy manager told us there were some people in the home who lacked capacity to make certain decisions. We checked one of those people's care records. We found that whilst there was an overarching capacity assessment, this did not inform staff what specific decisions the person could make for themselves, those decisions they needed guidance with and when staff needed to act in their best interests because they lacked capacity. However, throughout our visit staff demonstrated they understood the importance of establishing consent from people before providing care and support. This was done in accordance with relevant legislation and guidelines. One person told us, "They are very respectful and will say, is it alright with you before doing something for me." Another person said, "They always ask first before giving care." Staff told us they would respect people's right to decline personal care. One staff member explained, "If they are reluctant we will leave them and go back later and try again. Usually a change of carer or just going away and coming back later works."

Nobody had a DoLS in place at the time of our visit, although the registered manager had previously submitted an application when a potential restriction on a person's liberty had been identified.

Good

Our findings

People, relatives and staff all spoke positively and enthusiastically about the caring and welcoming atmosphere in the home. Comments included: "Care is brilliant, so kind. Kindness is important." "[Person] gets what she needs, it's a happy place." "Excellent caring staff, it's like home, it's not clinical and they know us (family) as well."

The PIR stated, "We pride ourselves on our caring ethos, treating residents with compassion, dignity, respect and love." During our visit people and relatives confirmed that they felt valued and cared for.

Staff clearly enjoyed working in the home and showed genuine interest in the wellbeing of the people who lived there. Staff were keen to promote a 'family' environment where people felt happy and relaxed. One staff member told us, "It is a lovely home, so family orientated. I know they are residents, but because it is such a small home we know them and their relatives really well." They went on to say, "When you walk in you can feel the love with your residents and the other staff. We have a good rapport with GPs and district nurses and they all say what a lovely atmosphere. You feel staff really care. They don't just do the job because they have to. It is really compassionate care." This was echoed by one person who told us, "It is lovely here. I wasn't very settled when I first came here. It was all strange and I was a bit nervous. Gradually I got into the routine and I really enjoy it." One member of staff told us they particularly enjoyed their job because it allowed them time to talk to people on a daily basis. They explained, "It is just so rewarding because you get time to spend with people and do more with them."

During our visit we saw staff were available to talk to people and interacted with them individually throughout the day. One person told us, "They sit and chat with me if I am feeling low and then I feel like a new person." Staff engaged people in conversations and laughed and joked with them. People particularly enjoyed wishing one member of staff a very happy birthday and hearing about their plans for celebrating their 'special' day. Staff supported those who needed assistance with walking or eating at the person's pace and people were comfortable asking staff for assistance. Staff were polite and when walking through communal areas and asked people how they were and if they needed anything.

People were treated as individuals and were encouraged to make choices about their care. This included how people wanted to spend their day, what clothes to wear, where they would like to sit, and their choice of food. One person told us, "We have choices about how we spend our day. I like to stay in bed until I am ready to get up." Another person said, "I like to get up early, but [person] sleeps in a bit." Another said, "I have choices about what I do, for example, I like to sit in this lounge with the window open. They ask me if I

want to get up or stay in bed." One relative told us they appreciated the fact staff respected their family member as an individual saying, "I like that they ask her what she wants, she has choices over her own life and has dignity."

People were treated with dignity and respect and staff supported people to maintain their independence where possible. One person told us, "Staff are always pleasant and treat us with respect and we do them." Another person confirmed, "I am always treated with respect by staff." A staff member explained, "We are here to encourage them to do as much for themselves as possible to keep their independence." Some people were pleased to show us their bedrooms. We saw that people had been supported to make their room personal to them and were able to bring in pictures and ornaments to make the room their own.

People's relationships with their relatives were respected and staff supported people to maintain this important attachment and connection. One relative told us, "Staff are great, all of them, not just with [person] but towards me as well. The manager actually hand delivered an Easter card from [person] to me, she put herself out to do it." Relatives told us they could visit at any time. A typical comment was, "I can visit at any time and am always greeted warmly." Relatives spoke about how the caring attitude of staff gave them peace of mind. One relative told us, "I remember once when [person] wasn't well, [registered manager] sat with her until 2.00am." Another relative said, "We can go home and sleep at night."

Staff told us they supported people to stay in their home environment as they approached the end of their life. They also spoke about how they supported other people in the home as they dealt with the loss of someone they had grown close to. A staff member told us about someone who had recently died in the home. "[Person] was in hospital originally but they were so happy to come back to us. They responded to us and knew our voices. The residents who did want to see [person] came and said hello. If they cried we were there to support them. It is hard especially in a small home. If they do have any worries or concerns, we need to listen to them and be there to support them."

Good

Our findings

People told us they received care and support in the way they preferred and that met their needs. They said their support needs had been discussed and agreed with them. One person said, "Staff talk to me, but will also speak with my family about my care." Another person told us, "I am looked after superbly."

The deputy manager told us that most people who moved into the home initially spent some time on respite care, before making the decision to move there permanently. They explained, "We always offer people an opportunity to stay for a week or two, or even a month, and then they can decide. We let them choose what they want. Most residents come for a respite and then it is their decision whether to come. It is absolutely their choice."

Each person had an individual care plan. The plan outlined how they wanted to receive their care and support and gave instructions for staff to follow to ensure people received care in a way they preferred. Care plans were reviewed regularly and people and their relatives were involved in the reviews. This ensured that people's changing needs were met and people continued to receive the care and support they wanted. One person told us, "They talk to me about things, for example, they asked me about my DNAR (do not attempt resuscitation)." A relative confirmed, "We have meetings with the staff about [person's] care and that includes the social worker." Another relative told us, "It (review) has been once a year but obviously if something does change they tell me and it gets changed on the care plan."

Relatives told us they felt both informed and involved outside the formal review process. One relative told us, "They ask me about her when I visit and will call me if there is a problem." Other comments included: "They discuss her care with me and keep me updated no matter what time it is" and "Staff will consult us which is very good, they will ring us up."

Staff had a good understanding of people's preferences and current care needs. Each person had a designated staff member who was responsible for overseeing their care and support needs were met. One relative had specifically complimented the service on this aspect of their family member's care saying, "[Person's] personal care assistant is very thorough and kind and responds promptly to any specific requests we make." A relative told us they were happy with the responsiveness of staff saying, "If you want to talk to any of the carers, they are happy to talk to you. They go out of their way to be helpful."

One person told us they were happy with how their personal care needs were met. They explained, "I always have a bath and I always have the same carer as well to give me a bath. I always have the carer to stay with

me because I think in the bathroom I've always got a dread of slipping in the bath. That is why I like the carer to stay."

Each person had a brief overview of their care needs, likes and dislikes in their bedroom which staff could look at to ensure they were providing personalised care. There was also a framed 'life history' which included a 'snap shot' of people's previous lives, family, work, hobbies and experiences. This gave staff valuable information about how people might choose to live their life now and provided prompts so staff could have meaningful conversations with people about things that were important to them. The deputy manager explained, "We collect information from people, family and friends. We collect all their information because if you don't know me, how can you care for me? To provide care for me you need to get to know me and my likes and dislikes. It is very important to know people to care for them." One staff member told us how the information helped them see the person behind their frailty. They explained, "When they come to us they are a lot older. You forget because this is what you see, but if you can understand their backgrounds you can get a feel of what they were like when they were younger and most of them have had such amazing lives. It gives you an insight into what they have done which you can use when you talk to them."

People were happy with the amount of social activity within the home which was created around their needs. Comments included: "We do armchair exercises and we made Easter bunnies recently." "Staff take us out shopping and around the park." "There are activities but my eyesight is poor but I go out shopping and go to the river."

We looked at the activities folder which showed that people were engaged in social activities. It contained photographs of organised events such as one person's 100th birthday party when the town Mayor had joined the celebrations. There were photographs from events such as Remembrance Sunday, Halloween and Christmas parties. There were also more regular events such as reminiscence sessions, quizzes, bingo and arts and crafts. Each month the activities co-ordinator asked people what they wanted to do and set aims and objectives for involving people in purposeful activity. On one occasion people had asked to see the activity co-ordinator's holiday photos which had been used as an opportunity to prompt memories for people. One relative had complimented the home saying, "The activity ladies include [person] as much as possible and have helped greatly to maintain his mental capacities and physical abilities."

The home was positioned in an area of historical interest in the town with views towards the Shakespeare Theatre and over the gardens towards the river. The provider supported people to feel part of the local community. For example, people were encouraged to create displays in the large window in the downstairs entrance to the home. On the day of our inspection there was a bright and attractive Easter display which helped to contribute to the street scene and was clearly enjoyed by people as they walked past the home. One person told us, "We also make cards and Easter bonnets, they are in the window display downstairs." Most of the bedrooms and two of the lounges had windows with a good view of the busy street scene below. Regular events in the locality of the home could be observed from the downstairs lounge so people continued to maintain a feeling of involvement in their town.

People's religious and cultural needs were identified and supported through regular visits by ministers to the home.

People told us they knew how to raise any concerns and make complaints if needed. One person told us, "I would speak to staff or [deputy manager] if I wasn't happy. I told [deputy manager] about one member of staff I didn't like and she sorted it." A relative said, "I haven't needed to complain, but if I did, I would speak to [registered manager] or [deputy manager]." Another relative said, "They gave me information on how I could make a complaint, I haven't had to but I know I can approach [deputy manager]." The provider's

complaints procedure was on display on the notice board and available in the service user guide people were given when they started living in the home. There were arrangements in place to record and resolve concerns. Issues were shared with the staff team so improvements could be made if needed.

Good

Our findings

People and relatives we spoke with told us the home was well-managed and they were happy with the quality of care provided. One person told us, "People treat us well and I think it is very well run." Another person said, "We are well looked after and everywhere is spotless." A relative said, "Things appear to run smoothly."

There was a clear and supportive management team in place. The registered manager was also the provider and was supported by a deputy manager. Both the registered manager and deputy manager were well known to people and their relatives. The PIR explained: "Staff, residents, relatives and management work as a team to facilitate the smooth running and continuous improvement of the service with the manager and deputy manager taking active roles in caring, enabling them to engage effectively with residents, families, friends and staff to understand and thus correct any problems." People and their relatives confirmed the management team were approachable and although the registered manager was often busy, they could always talk to the deputy manager. Comments included: "[Registered manager] is nice and helps everyone, she is always doing something." "It is quite difficult to get hold of [registered manager] sometimes, but [deputy manager] is very nice and is always on hand to talk to." "[Name] is the manager but I don't get to see her much, when I do she is a good listener."

People and their relatives were encouraged to share their views of the service through regular meetings. The meetings were chaired by a relative who acted as the 'Ambassador for Families' at the home. The meetings provided an opportunity for people to raise any issues and make suggestions about the how the service could be improved. Minutes of the meetings were shared with all families so they were aware of what topics had been discussed if they were unable to attend. Relatives told us they found the meetings useful and an opportunity to meet other family members. One relative told us, "I have attended relatives meetings which are good." Another explained, "I go to the family meetings. They are good. You get to know the other relatives and if you do have any complaints or issues, you can bring them up. They are useful." We looked at the minutes of the last couple of meetings. We saw that issues raised within the meetings had subsequently been addressed. For example, people had asked for new chairs in the lounge area and these had been replaced. People had also asked that staff wear name badges and during our visit we saw staff wearing them. The minutes also demonstrated the provider took notice of people's opinions when making decisions about the provision of service within the home. For example, applicants for the position of part time chef had worked some shifts, but had not been recruited because people were not happy with the food they served. People had asked for more arts and craft activities and the hours of one of the activities co-ordinators had been extended so they could undertake another craft session each week.

People were also invited to provide written information about their opinions and views of the home. 12 people had responded to this invitation in the first three months of 2016. The responses were overwhelmingly positive: "We are happy to leave [person] in the care of [registered manager] and her staff knowing she will be well looked after." "The care team are first rate and treat [person] as a respected individual taking care of every personal need." "I find the care and food very comfortable and plentiful and the staff just wonderful." Responses showed that people and their relatives were happy with communication in the home.

All the staff we spoke with felt supported in their role and motivated to provide high quality care. They told us they enjoyed their jobs and valued the service they provided. A new member of staff told us, "[name], the manager, told me if there was anything I was worried about or if I had any suggestions, I could always go and talk to her." Another staff member told us they felt very supported and said, "Especially by our deputy." Another said, "Our managers always listen to our problems."

Care staff told us they were given guidance and reminders about best practice at team meetings. They attended team meetings to discuss people's needs and current issues. Minutes of the most recently recorded meeting showed that staff had discussed learning from recent months and how it could be used to improve the care provided to people in their end stages of life. The minutes of the December meeting demonstrated that the provider also used the meeting as an opportunity to thank staff for their hard work. The minutes included, "I would like to thank all staff for your hard work during this past year. I am always amazed as to how you all manage whenever we have a crisis or members of staff go off sick …….. You all seem to 'step it up' and just get on with your jobs and make sure our residents do not suffer in any way." The registered manager was aware of their responsibility for submitting notifications to the CQC. They had also submitted a Provider Information Return as requested prior to our visit. The information in the return had provided us with information about how the service operated and how they met the required standards of care. During our visit we found the information in the PIR accurately described how the service operated.

The provider had achieved acknowledgement and awards for the quality of care provided at Bancroft Gardens. In March 2015 they had been accredited with a silver medal under the "Gold Standards Framework" for the quality of service provision for people in the final stages of life.

The management team played an active role in quality assurance and to ensure the service continuously improved. This included checks on areas such as staff training, infection control and medicines. People's care records were reviewed and updated regularly to make sure they reflected people's up to date needs. Many of the quality checks were completed on an informal basis as the managers worked with staff. This allowed them to observe the care people received and identify areas where staff needed support or improvements were required. However, the checks had not identified that procedures to ensure the safety of the service were not always being consistently followed.