The Bancroft Residential Home Limited

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Inspection report

50 Market Street
Long Sutton, Spalding
Spalding
Lincolnshire
PE12 9DF

Tel: 01406362734

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Bancroft Residential Home Limited ('The Bancroft') is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 32 people, including older people and people living with dementia.

We inspected the service on 21 and 23 November 2017. The first day of our inspection was unannounced. On the first day of our inspection there were 30 people living in the home.

There were two registered managers who shared responsibility for the running of the home. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

In July 2016 we conducted our first comprehensive inspection of the home and rated it as Requires Improvement. On this inspection we were pleased to find the provider had taken action to address the shortfalls identified at our last inspection and the rating is now Good.

Staff worked well together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. There were usually sufficient staff to meet people's care and support needs without rushing, although the registered managers agreed to give this further review in the light of some feedback we received. Staff provided end of life care in a sensitive and person-centred way.

Staff were kind and attentive in their approach. People were provided with food and drink of good quality that met their individual needs and preferences. The physical environment and facilities in the home reflected people's requirements. People were provided with physical and mental stimulation appropriate to their needs.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

The registered managers were well known to, and respected by, everyone connected to the service. They had taken action to address the areas for improvement identified at our last inspection. A range of audits was in place to monitor the quality and safety of service provision. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report

any concerns to keep people safe from harm. There was evidence of organisational learning from significant incidents and events. Formal complaints were rare and any informal concerns were handled effectively.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had been granted DoLS authorisations for seven people living in the care home and was waiting for a further 10 applications to be assessed by the local authority. Staff understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Decisions that senior staff had been made as being in people's best interests were documented correctly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were usually sufficient staff to meet people's care and support needs.

New staff were recruited safely.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

People's medicines were managed safely.

There was evidence of organisational learning from significant incidents.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality that met their needs and preferences.

The physical environment and facilities in the care home reflected people's requirements.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach.

Staff promoted people's privacy and dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The service was responsive.

People were provided with physical and mental stimulation appropriate to their needs.

People's individual care plans were well-organised and kept under regular review by senior staff.

Staff provided compassionate care for people at the end of their life.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Good

The service was well-led.

The provider had taken action to address the areas for improvement identified at our last inspection.

The registered managers were well known to everyone connected to the service.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Staff worked together in a friendly and supportive way.

Internal and external communication systems were effective.

The Bancroft Residential Home Limited

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. The inspection was planned to check whether the provider was 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.

We visited The Bancroft on 21 and 23 November 2017. On 21 November our inspection team consisted of an 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. On 23 November our inspector returned alone to complete the inspection.

In preparation for our inspection we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

As part of the inspection process we also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing how staff provided care for people living in the home to help us better understand their experiences of the care they received. We spoke with eight people who lived in the home, five visiting relatives or friends, both registered managers, three members of the care team, one of the activities coordinators and the cook. We also spoke to two local healthcare professionals who visited the home during our inspection.

We looked at a range of documents and written records including people's care files and staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and

monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. For example, one person said, "Oh yes, I'm nice and safe in my … room … and feel safer than when I was at home. There are always staff about." Another person's relative commented, "It's safe here. It's the people that make it so."

Staff were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the Care Quality Commission (CQC), should this ever be necessary. Contact information for these agencies was provided in the information booklet given to people when they first moved into the home. In the twelve months preceding our inspection there had been three cases concerning people living in the home which had been considered by the local authority under its adult safeguarding procedures. The provider had investigated and resolved these cases to the satisfaction of the local authority. As part of our inspection we discussed the cases with the registered managers who told us they had been reviewed internally to identify if there were any lessons that could be learned to reduce the risk of something similar happening in the future. Going forward, the registered managers agreed to strengthen and extend this process of organisational learning to all significant incidents and events in the home.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to medicines and mobility. When we looked at the risk assessment documentation in people's care individual records we saw that action had been taken to address any risks that had been identified. For example, one person had been assessed as being at risk of malnutrition. Specialist advice had been sought and a range of measures put in place to address the risk. Staff reviewed and updated people's risk assessments to take account of changes in their needs.

There were four twin rooms in the home, one of which was occupied by a married couple. Talking positively of this arrangement the husband told us, "Sharing our room is just the way I wanted it to be when I joined my wife in here." The registered managers were aware of the potential risks of people sharing a room, particularly if either person was living with dementia. Reflecting this approach, one person had recently moved from a shared to a single room in response to a change to their needs. Looking ahead, the registered managers agreed to formalise the risk assessment of any room sharing arrangements and ensure these were fully documented in people's care files.

The care home was clean and odour free and the provider had effective systems of infection prevention and control. Commenting positively on the cleaning and laundry arrangements in the home, one person's relative told us, "Everything is great. Cleanliness [and] his clothes. The girls are always wearing their protective things." A senior member of the care team had taken on the role of infection control lead and attended information sharing events organised by the local authority's infection control team, to ensure the provider was up to date with best practice in this area. Since our last inspection, a number of new initiatives had been put in place to reduce further the risks of cross-contamination and infection. For example, floor coverings in communal areas had been replaced to make them easier to clean. New colour coded mops and buckets had also been purchased. Soiled laundry was washed separately although, reflecting feedback from our inspector, the registered managers took action to ensure soiled items was stored separately in the

laundry prior to washing. To help ensure standards were maintained, senior staff conducted regular infection control audits.

On our last inspection of the home we identified shortfalls in the management of people's medicines and told the provider that action was required. On this inspection we were pleased to find the necessary improvements had been made and that the arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Expressing satisfaction with the approach of staff in this area, one person told us, "They stay with me [whilst I am taking my medicines] which is right." Staff maintained a record of any medicines they administered and one of the registered managers conducted a weekly check to ensure this was being maintained correctly. Reflecting feedback from our inspector, the registered managers agreed to take action to ensure that the administration of any prescription creams was recorded in the same way as other medicines. We saw that people who had been prescribed 'as required' medicines for occasional use were able to exercise their right to decline these medicines whenever they wished. Daily checks were made to ensure the medicines storage room and medicines fridge were at the correct temperature. Arrangements were in place to ensure the safe use of any 'controlled drugs' (medicines which are subject to special storage requirements).

Since our last inspection, the registered managers said they had increased staffing levels in the care team, primarily in response to feedback from staff. Reflecting this increase, people we spoke with told us that there were generally sufficient care staff to meet their needs. One person commented, "On average, staffing is okay as far as I can tell." Another person said, "They're not bad at coming when I buzz." A relative told us, "From what I see, it's about right." However, some people told us there were still occasional staffing shortages. For example, one person said, "They can be a bit short at times but they all muck in to cope." Another person's relative told us, "In the week it's usually fine. But weekends they struggle a bit." One staff member said, "Residents are more dependent and [the registered managers] have taken on [an additional staff member] morning and afternoon. [It was] sometime last year. We told them we couldn't manage. [That] it was like a production line. It feels like that again some days." We discussed this issue with the registered managers who told us, in the light of our feedback, that they would give further consideration to care staffing levels to ensure they remained sufficient to meet the needs of the people living in the home.

We reviewed staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home.

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "They seem to know what they are doing and they know all about my [a particular medical device used by the person]." Talking about the way staff supported another person, their relative commented, "They seem capable with her as she has her up and down days." Commenting on the quality of care provided to people living in the home, a visiting healthcare professional told us, "Overall, it's really good."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues and an assessment by one of the registered managers before they started to work as a full member of the team. Talking about the support they provided to new starters, one long-serving member of the care team told us, "When new carers start, I always try to help them as I have been there myself." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited care staff.

The registered managers maintained a record of each staff member's annual training requirements and organised a range of online and face-to-face courses to meet their needs. Speaking positively of the provider's approach to training, one member of staff said, "We do [most] of our training online. To start with it was new [but now I find] I can concentrate more [as] I can do it in my own time. I've got one more [course] to do this year. You have to do them all within the year. I find it interesting … it just makes you more aware again." Staff were also encouraged to study for nationally recognised qualifications in care. Describing the importance she attached to supporting staff with this aspect of their personal development one of the registered managers said, "Every single member of [the care] staff [team] gets at least NVQ Level 2 and goes onto Level 3 if they want to be a senior. It's so important. We have [new staff] coming here who say that their last company wouldn't let them do it. [But] we encourage it."

Staff also received regular supervision from the registered managers and other senior staff. Staff told us that this was a beneficial opportunity to reflect on their practice in a safe and nurturing environment. For example, one staff member said, "[Name] did my last one. You can talk openly. A couple of things were picked up. It was helpful."

In addition to their training and supervision, staff had access to a range of publications and other information sources to ensure they were aware of any changes in good practice guidance and legislative requirements. For example, as described elsewhere in this report, infection control procedures in the home were regularly reviewed and updated in line with the local authority's requirements. Reference books were also available to provide staff with information on the medicines in use in the home, although the registered managers agreed to ensure these were kept up to date. One of the registered managers told us, "We get all the care magazines with [details] of new products on the market [and] the girls print things off and bring them in." Following research by one of the care staff, the provider had recently purchased a new piece of equipment to assist people with their mobility. Showing it to us, one of the registered managers said, "It is

quite brilliant. It's particularly good for one lady who is going through rehabilitation. It enables her to do her exercises safely."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. 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. Describing the approach of staff in this area, one person said, "They do ask me first before helping." Another person told us, "There's none of this 'Do this, do that!'."

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). At the time of our inspection the provider had been granted DoLS authorisations for seven people living in the care home and was waiting for a further 10 applications to be assessed by the local authority.

Senior staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, one person was receiving their prescription medicines 'covertly' in their food without their knowledge. This decision had been taken by one of the registered managers as being in the person's best interests and was recorded correctly in the person's care file. Although we were satisfied that that people's rights under the MCA were properly protected, the registered managers agreed to amend the documentation used to record best interests decisions to make it clear exactly what decisions were in place for each person.

People told us they were satisfied with the food and drink provided in the home. For example, one person said, "I enjoy the meals and get good choices of what I like." Another person's relative told us, "[Name] says the food is always very nice. We'll be joining him for Christmas lunch this year." People had a choice of cereal or toast for breakfast with an additional hot option such as egg on toast every second day. Although no one raised any concerns about the lack of a full cooked breakfast as a daily menu option, we raised the issue with the registered managers who told us they would give it further consideration. At lunchtime, people had a choice of two main course options, although the cook told us she was always happy to make an alternative if requested. For example, on the first day of our inspection the cook told us that one person had opted for a baked potato and salad in preference to the two main menu options. People received a personal copy of the weekly menu and were asked to pre-order their choices. However, the cook told us, "If they change their mind on the day, it doesn't matter." Commenting positively on this system, one person said, "We get a menu and pick what we want each week from that. I can ask any time for an extra snack or fruit." Looking ahead, the cook told us she was thinking of developing a photographic menu make it easier for people living with dementia to communicate their food choices. Describing her willingness to experiment with new ideas and suggestions, the cook said, "The world evolves and so must we!"

Kitchen staff understood people's likes and dislikes and used this to guide them in their menu planning and meal preparation. For example, the cook told us, "One chap said he'd really like a beef burger. So I got some in and now we have them as an option every Friday." The cook maintained an extremely comprehensive 'food and nutrition folder' which detailed people's individual nutritional preferences and requirements. For example, one person's profile read, 'No grapefruit due to medication'. Another person's stated, 'Likes Weetabix. Dislikes macaroni cheese'. Staff were also aware of the importance of encouraging people to drink regularly, to help prevent urinary tract infections and other health complications. Describing the approach of staff in this area, one person said, "They encourage me to drink a lot and bring me mugs of tea. I've a jug

of water as well." Another person told us, "I get plenty to drink. They're good at that."

From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses, therapists and community psychiatric nurses. Describing the range of healthcare support they received, one person told us, "We have the catheter nurse who changes our tubes and things. I [also] get the chiropodist and optician." Commenting positively on their relationship with the care staff, a visiting healthcare professional said, "They are quite on the ball in calling us in if there is a problem. They are cooperative [and] follow our advice." In confirmation of the proactive approach of staff in this area, one person's relative told us, "They were prompt getting the doctor out to her a while ago."

Staff from the various departments within the home also worked well together to ensure the delivery of effective care and support. For example, describing her relationship with the housekeeping staff, one member of the care team said, "The cleaning ladies do a good job. If we need assistance [with] a bit of an accident [they are] flexible in sorting it out. It's good teamwork." In a similar vein, the cook told us, "I am in constant contact with the care staff. [They tell me] so and so is not well and can they have this instead. They flagged up one lady who didn't like carrot and swede [mashed together]."

Since our last inspection, the provider had continued to update and improve the physical environment and equipment in the home to ensure it remained suitable for people's needs. For example, a new electrically operated bath had been installed which made it easier for people with restricted mobility to enjoy the option of a bath. Similarly, in response to feedback from the new hairdresser, the height of the sink in the hairdressing salon had been lowered, making it easier for people in wheelchairs to use. The wi-fi signal had been boosted in one of the communal lounges and a new laptop installed to give people the option of communicating with friends and family via Skype and other video messaging systems. For the future, the registered managers said they had plans to build 'Betty's Tearoom' in the garden, named in memory of someone who used to live in the home. The registered managers told us that it would be furnished in a vintage 1950's style that would be familiar to many of the people living in the home.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and kind. For example one person said, "We have a laugh and a joke. I like them all very much." Another person's relative commented, "I find them adorable. One carer sat all evening with [name] when she was upset once." Talking about the atmosphere in the home, one person said, "It's good, as you hear laughter."

Describing her personal philosophy of care, one of the registered managers told us, "It's all about the person you look after. It's their home. It's what they want. If the tea trolley has just been round and they want a cup of tea, so be it." The other registered manager added, "This is their home. It's not the best five star facility in the world … we just want it to be warm … [and to] try to do the best we can …. [to] show respect …. and keep them happy."

This commitment to supporting people in a kind, person-centred way was clearly understood by staff in all departments. For example, reflecting on her relationship with the people who lived in the home, one member of the care staff team told us, "It's hard work [but] very rewarding ... if you have made someone comfortable [and] brought a smile to their face. [If you have] made their day a bit better." Describing her own determination to meet people's individual needs and preferences, the cook told us, "If humanly possible we cater for their requests. Yesterday, a lady had tomato soup for breakfast!" Discussing her approach to helping people celebrate their birthday, the cook also told us, "I make different cakes. Some people like strawberry jam and some people like a lemon filling. I do chocolate for some people. It's someone's birthday [in two days' time. I am starting [their cake] off today. She's in hospital [but] I will freeze it till she gets back." Talking appreciatively of the staff, one person told us, "I feel it's very much personal to me. They adapt to how I am feeling each day." Reflecting positively on their experience of visiting the home, another person's relative said, "I am made to feel like family … when I arrive."

Staff also understood the importance of promoting choice and independence and reflected this in the way they delivered people's care and support. For example, one person told us, "I'm not tied to a routine. They like me to do what I want." Another person said, "I decide when I am ready to go to bed. I wake up in my own time and tell them not to come until after 8am." Another person's relative told us, "He chooses exactly what he wants to do." Describing their approach in this area, one member of staff said, "Sometimes it [could] be easier to take over if someone is struggling with eating or mobility. But it is [important] to get them to do things [for themselves]. To remain independent. Even if it takes longer." One relative commented, "They all recognise what [name] can do or manage by herself."

The staff team also supported people in ways that helped maintain their privacy and dignity. For example, staff in the care home knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. Describing the approach of staff in this area, one person told us, "They always knock. Even if the door is open. But they shut it and draw the curtains if we're dressing." Describing her commitment to helping people maintain their dignity at mealtimes the cook said, "We do [any] cutting up [of food] at the hatch [rather than at the table]. It's not dignified to be doing it in front of everyone else." The provider was aware of the need to maintain confidentiality in relation to

people's personal information. People's care plans were stored securely and computers were password protected. The provider had also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of social media platforms.

The registered managers were aware of local lay advocacy services and told us that they had supported some people in the home to make use of them. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

If someone was interested in moving into the home, both registered managers normally visited them personally to carry out an initial assessment to make sure the provider could meet the person's needs. Talking of the importance of managing new admissions to the home carefully, one of the registered managers said, "We certainly don't accept everyone. Even if we have spare rooms. [We have to be sure] we can meet their needs [and] if they would fit in to our environment." Reflecting this considered approach, on the morning of the second day of our inspection one of the registered managers told us, "Yesterday … we had two emergency admission requests. [Even though] we will have four empty beds [by early next week] we chose not to take them. It just didn't feel right. You never know what someone's issues will be and we normally like to take a bit more time."

If it was agreed that a person would move in, an admission date was agreed with the person and their family. Outlining her approach to managing new admissions, one of the registered managers said, "We make sure the room is ready. Clean [with the] curtains washed [if necessary]. We put a copy of the service guide [in the room] with a welcome card, a bunch of flowers and a personalised letter from me and [the other registered manager." On the day of admission an initial care plan was prepared by senior staff, detailing the person's key care requirements. Over the course of the next few days this was developed into a full care plan.

We reviewed people's care plans and saw that they were well-organised and provided staff with information on how to respond to each person's individual needs and preferences. For example, one person's plan instructed staff to ensure they did not get any water on the person's face whilst assisting them with their personal care, as the person found this very distressing. Another person's plan stated that they ate independently but needed verbal prompts from staff to ensure they had enough to eat and drink. Staff told us that they found the care plans helpful. For example, one member of staff said, "They are always handy to refer to. [Particularly] when they first come in. [The person's] medical history, care requirements, what time they like to get up, food preferences …. are all recorded." Senior staff monitored each person's plan on a monthly basis to make sure it remained up to date. In addition, people and their relatives had the opportunity to participate in care plan review meetings, if they wished this level of involvement. Talking positively of the provider's approach in this area, one person said, "My son and daughter are local and they liaise with the office. I saw my care plan with them a while ago." Another person's relative said, "I had a review meeting recently with the team and get to see [name]'s care plan."

In addition to their individual care plan, each person had a summary of their key needs and preferences on an information sheet in their room. The guidance in one person's room stated that staff were to be patient and encouraging when supporting the person to get dressed as they were still able to do some tasks for themselves. Staff told us that they found this summary information very helpful. For example, one staff member said, "If we get someone new we don't remember everything [in the care plan] so the guide is handy as a prompt for conversation. [The seniors] keep them up to date."

Staff clearly understood people's individual needs and preferences and reflected this in their practice. For

example, talking about a person they supported, one member of staff said, "[She] doesn't like personal care until 10.30am. After breakfast. She's got her own mind." Although the provider had arranged for a local hairdresser to visit the home on a weekly basis, people were encouraged to maintain their own arrangements if they wished. Commenting approvingly on this flexible approach, one person told us, "My own barber comes in to trim my hair." Similarly, another person's relative said, "She sees the hairdresser from here … [but] has her own chiropodist come in." This responsive, person-centred approach was also reflected in the way staff supported people at the end of their life. Commenting on the provider's approach to end of life care, one staff member told us, "We have got to maintain [the person's] dignity. Most people have families [but if not] it's down to us to be respectful and [keep the person] comfortable." Talking of the support given to families at these very difficult times, another member of staff told us, "[We] always involve the family. Tell them what's going on and support them when they come in. They want to see their loved one is dying with compassion and dignity." Following the recent death of their relative, a family member had written to the registered managers to say, "[We] would like thank you and your fantastic staff for the love, care and dedication to our mum during her … contented and happy stay with you. After a stay in hospital she was over the moon when told she could return to The Bancroft which she called her home. Thank you to everybody, especially those who were with her when she passed away."

Since our last inspection, the provider had increased the number of hours worked by the staff in the activities coordination team. There were now two activities coordinators who, between them, worked seven days a week to facilitate the provision of mental and physical stimulation for the people living in the home. Describing some of the benefits of having two activities coordinators, one of the registered managers said, "A couple of people [can now] go to church on a Sunday. And two go up to the pub for a shandy on a Friday." Talking enthusiastically about their role, one of the activities coordinators told us, "I love it. It's so rewarding. I have so much more support than in the last home I was in. We ask the residents what they would like to do and plan the week around that. We've got an activities store with lots of puzzles, games and arts and crafts. Volunteers come in on a Friday and there's a ukulele group too. My next plan is to bring children in to spend time with people [as] I have seen how animated they become when [children visit with their families]." We reviewed the activities programme for the week of our inspection visits and saw that this included cake decorating, an outing to the local market, beauty and nail care and bingo. One person with a keen interest in art told us, "We have a weekly art class and I take it if the teacher can't come in. I'm doing an art competition for Christmas and have asked [the registered managers] for prizes. They have said they're doing that for me." In addition to these internally organised activities, there were events hosted by external entertainers and others, including monthly visits from the proprietor of an old-fashioned sweet shop. Describing this popular initiative, one of the registered managers said, "[It was started in response to] the residents' demand. [He] comes in with a little trolley … and the residents choose bags of sweets. [He] brings in diabetic sweets [as well]." On the afternoon of the first day of our inspection a professional singer provided entertainment in one of the communal lounges, an event that was clearly enjoyed by the participants. Commenting positively on the provision of activities and other forms of stimulation in the home, one relative told us, "He loves to listen to the music and the singers. He gets taken to the town every Friday to the market [and some of them go to] Baytree (a local garden centre) to the Christmas grotto."

In addition to facilitating communal activities, outing and events, the activities coordinators also spent 1:1 time with people who were being cared for in bed or who chose to spend most of their time in their room. Describing this aspect of their work, one of the coordinators told us, "I make sure we go round everyone in their room, especially when two of us are on. I sing to one lady. I do hand massage [and] life history chats and take the dog round when it visits." Confirming the value of these 1:1 sessions one person said, "I'm in my room mostly but they'll come and ask me every time something's on. They bring the little dog to see me. It's so cute and cuddly. They'll come and do my nails too." Another person told us, "The activity girl comes [to my room] to do some pampering and will chat or play a game. [At other times] I've got my TV so don't get

bored."

People we spoke with knew how to raise any concerns or complaints and were confident they would be addressed promptly by the provider. For example, one person said, "I can't think of anything I've had to moan about. I'd tell my family if so, who would see the manager." Another person said, "I'd see the boss [name of one of the registered managers] as she's very helpful." The registered managers told us that formal complaints were rare as they spent time with people and their relatives and was often able to resolve issues informally. Describing her approach in this area one of the registered managers said, "Over the years you get experience on how to deal with people. [We] always try to take on board what people say. [There is] no benefit in not trying to deal with the situation." The registered managers kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with the provider's policy. Reviewing the correspondence relating to one case we saw that the complainant had written to the registered managers to say, "Thank you for being open and honest in your response [to my complaint]. It is greatly appreciated."

Good

Is the service well-led?

Our findings

People we spoke with told us they how highly they thought of the home. For example, one person said, "It's one of the best in the area." Another person's relative commented, "This place was one of my preferences for her to come to. I knew I could trust them here." Another person's relative had written to the registered managers to say, "My Aunt went to Bancroft as an emergency placement. [One of the registered managers] was amazing. I truly believe my Aunt would not still be living if not for the prompt actions of the staff at Bancroft."

On our last inspection of the home we found the provider had failed to notify CQC of several significant incidents involving people using the service, as required by law. We told the provider that improvement was required. In preparation for this inspection, we found that the provider had taken action to address this issue and that all necessary notifications had been submitted. The report and rating from our previous inspection was on display in the home, again as required by the law.

Both registered managers were well known to, and respected by, everyone connected to the home. For example, one person told us, "One or other pops in and chats at times. They're easy to talk with." Another person's relative said, "I like them both and find them easy to talk to." The registered managers told us they worked hard to maintain their visibility and throughout our inspection we saw them circulating in the communal areas of the home, talking to people and their visitors and providing support to their team when required. Describing her hands-on leadership style, one of the registered managers said, "If I go past a toilet and it is soiled I will clean it [myself] if there is no one around. If [the cook] has to go home I will take over." Her colleague added, "There is nothing that we wouldn't do. I won't find a cleaner to pick up a tissue from the floor." This approach had clearly won both registered managers the loyalty and respect of their staff team, one of whom told us, "I would recommend the home [as a place to work] because the [registered managers] are really, really involved. It makes a big difference." Another staff member said, "They always say the door is open. They listen and do something about [any issues raised]. Usually [it] is resolved within a day or two."

Staff worked together in a well-coordinated and mutually supportive way. For example, one staff member told us, "We talk to each other and find a solution. All the different departments. [For instance] the cleaners will come to me and ask questions. [There are] no unhappy faces. We get on well together." Team meetings, communication logs and shift handover sessions were used by the provider to facilitate effective internal communication. Talking positively about her experience of attending staff meetings, one staff member said, "[We] can have an open discussion. I don't normally hold back if I have something to say! [The registered managers] do take it on board … if you say something."

Systems were also in place to ensure effective external communication with people's relatives and professionals involved in their care. Describing their experience of the proactive approach of staff, one person's relative told us, "They ring straight away if anything goes wrong [and] we have regular reviews here with [name]'s social worker." Another relative said, "They do verbal updates … when I arrive." The registered managers had also established effective working relationships with other local care providers, including a

care home with nursing and a homecare agency. The registered managers told us these relationships provided opportunities to share information and resources, including staff training. They also provided options for people to move more easily between services as their needs changed. For example, people using the homecare service who were looking for a care home or people living in The Bancroft who now needed full nursing care.

The provider was committed to the ongoing improvement and development of the home and, as described elsewhere in this report, had addressed the shortfalls identified at our last inspection. To assist in this process of continuous improvement, the provider conducted an annual survey of people, their relatives and visiting professionals to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were high. For example, one person who had recently moved into the home had written, "It is early for me to make an assessment but what I have seen up to now, I am pleased with." Despite the generally very positive feedback, the registered managers told us they had reviewed the survey returns carefully to identify any areas for improvement. People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, one family had written to the registered managers to say, "We would just like to say thank you for all the care, love and happiness you showed to [name] over the last three years. You always treated her with the dignity and respect she deserved. We will always be grateful for the way you integrated her into your "family" at The Bancroft. Today, so much is reported about care for the elderly and infirm that we are just so pleased that we chose you to care for our Mum."

The provider maintained a comprehensive suite of audits to monitor the quality of the care provided, including regular care plan reviews and environmental, infection control and medication audits. One of the registered managers took the lead in reviewing the audits on a regular basis and had devised the simple but effective approach of using a green pen to mark up her reviews and any follow up actions required.