Atlantis Medicare Limited

Lyndhurst Residential Care Home

Inspection report

120 Manchester Old Road
Middleton
Manchester
Greater Manchester
M24 4DY

Date of inspection visit:
05 January 2017
06 January 2017

Date of publication:
01 February 2017

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

Lyndhurst Residential Care Home is registered to provide personal care and accommodation for up to 42 people. It caters for both long term and respite stays. There were 36 people accommodated at the home at the time of the inspection. The home is located in Middleton, and has a variety of shops and other amenities close by. It is close to local transport links.

At the last inspection of June 2015 the service did not meet all the regulations we inspected and were given requirement actions. The service sent us an action plan to show us how they intended to meet the regulations. At this inspection we saw the improvements had been made and the regulations were met. This unannounced inspection took place on the 05 and 06 January 2017.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

The home was clean and tidy. The environment was maintained at a good level and homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

People were given the information on how to complain with the details of other organisations if they wished to go outside of the service.

Staff and people who used the service all told us managers were approachable and supportive.

Meetings and supervision with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

There were sufficient activities to provide people with stimulation if they wished to join in.

The service asked people who used the service, family members and professionals for their views and responded to them to help improve the service.

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.

The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Checks to ensure the environment was safe had been undertaken.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service, were individualised and kept up to date.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Lyndhurst Residential Care Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by one inspector on the 05 and 06 January 2017 and an Expert by Experience on the 05 January 2017. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We asked the local authority contracts and safeguarding teams for their views about the service. They did not have any concerns.

We requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

During the inspection we talked with nine people who used the service, three relatives, the registered manager, the cook, the activities coordinator, the administrator and three care staff.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for ten people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I know I am safe because if anything happens you only need to press the buzzer", "The home is safe and it is very good" and "When I fell and smashed my elbow I had a plate inserted. Staff always make sure I am all right." A person on respite care said, "The home is safe and it is very good, it is a place I won't mind if I had to come in and live here."

Two relatives told us, "The home is lovely and safe, all my [relatives] needs are met", and "The home is relatively safe without bad smells, staff know [our relative] very well. They know her likes and dislikes and really put her needs first." All the people and relatives we spoke with thought the care service were safe.

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. The staff we spoke with were aware of abuse issues and said, "I would report something if I was not happy with the care. I would take it further if I had to", "People are safe here but I would immediately report something that was not right" and "I have seen the whistle blowing policy. If I saw poor practice I would definitely report it. If it was the manager I would go to adult care services." There were safe systems to help protect vulnerable adults.

People who used the service told us, "I don't know much about staffing numbers, I know there is always a member of staff, when you need help, they come straight away", "I am usually in my room and when I press the buzzer staff come straight away" and "There is always somebody around knocking on your door, day or night is the same." Relatives said, "I feel it is too early to say as [my relative] hasn't been here for long, but from what I have seen there is always a member of staff in sight" and "No one can tell if staff are short or not because they are always conscientious and dedicated."

On duty on the day of the inspection there were two senior care assistants, five care staff, the registered manager, the administrator, a cook, a cleaner, an activities coordinator and a maintenance person. We saw from looking at the staff rota that this was normal for the service. Three staff members said, "There are enough staff employed here. In the evening we can talk more. We get to talk to people, "I think there are enough staff here. There are far more here than the last place I worked" and "We get time to chat to people who use the service. In general there are enough staff. There are plenty of staff now." For the 36 people currently accommodated at the home there were sufficient staff to meet their needs.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with

vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift, slings, hoists and the nurse call and fire alarm system. The maintenance person also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. We saw that staff entered any faults in a booklet which was signed off when any work had been completed. The maintenance of the building and equipment helped protect the health and welfare of people who used the service and staff.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

People who used the service told us, "You are always welcome to approach staff when you have pain or discomfort or any concerns really", "When I was discharged from the hospital, and I had aches, staff would come around to ask me if I needed any painkillers and "Staff never forget your treatment, always on time."

We observed a member of staff administering medicines and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so and had their competency checked by the registered manager to ensure they continued to safely administer medicines. We looked at ten medicines administration records (MARs) and found they had been completed accurately. There was a photographic record of each person to help prevent errors. There were no unexplained gaps or omissions. One or two staff members had signed they had checked medicines into the home. However, two recent hand written records had not been signed by two staff. We brought this to the attention of the registered manager who told us she had broached the necessity of this at staff meetings and would look into why it had not been done. It is good practice for two staff to sign for any hand written entries in the MAR record to avoid potential errors.

Medicines were stored in a trolley in a locked room. Dressings were stored in separate cupboards. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines.

There was a controlled drug cupboard and register. We checked the drugs against the number recorded in the register and found they were accurate. Two staff signed to show they had been administered.

Two staff members audited the system weekly. The system was also audited by management. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

Any medicines that had a used by date had been signed and dated by the carer who had first used it to

ensure staff were aware if it was going out of date.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the NICE guidelines for administering medicines. This is considered to be best practice guidance for the administration of medicines.

We saw that topical medicines such as ointments were recorded in the plans of care. At the current time the service did not use body maps to clearly show staff where ointments or creams should be applied. However, the registered manager said they were changing their pharmacist to another organisation who would supply body maps with the medicines as part of the service. Staff who applied the medicines signed the records which were duplicated in the plans of care.

We looked in the trolley and saw it was a bio-dose system. The trolley was clean and tidy and not overstocked. There were sufficient supplies of medicines. Any medicines that required returning to pharmacy were done so in a tamper proof box and staff signed to say they had witnessed the disposal.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, the risk of choking, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician. We saw the risk assessments were to help keep people safe and did not restrict their lifestyles.

There was also environmental risk assessment to ensure all parts of the service were safe. This covered topics like tripping hazards, faulty or broken equipment and the outdoor space.

All the people we spoke with and visitors said the home was clean and tidy and the home was never malodorous. During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a new laundry sited away from any food preparation areas. There were two industrial type washing machines and dryers to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. There was a system of dirty clothes in and clean clothes out of the laundry to prevent cross contamination. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment such as gloves and aprons. We observed staff used the equipment when they needed to.

Good

Is the service effective?

Our findings

People who used the service said, ""Even though I don't know what is for dinner the meals have always been good and I have always been given a choice", "I eat everything, there is always choice of food we can have", "You can have anything you want, I usually have a boiled egg and toast for breakfast and staff know that. I can have my meals in the lounge, dining room or in my bedroom" and "Staff are easy going with meals. I like my steak." A visitor said, "[My relative] said the food is wonderful, and she loves her food."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We were present in the dining room for part of the inspection to observe a mealtime and saw that staff were attentive and talked to people who used the service. People could take their meal in their room if they wished. We saw that where required people were assisted to take their diet in an individual and dignified way. Tables were attractively set and people had a choice of condiments to flavour their food.

There was a choice at each meal and other foods available at any mealtime. There was a four weekly menu cycle. The menu was provided in a folder with pictures of the food to help people make their choices although this was located in the hallway. We said it would be good practice to have a copy of the menu in the dining room.

People could choose from any of the usual breakfast foods. There was a choice of the meal at lunch time, which was the main meal of the day and a choice of a lighter tea. Hot or cold drinks were served with meals, at set times during the day and upon request. One of the team was invited to sample the food and found it was warm, nutritious and tasty.

We spoke with the cook who told us they attended meetings with people who used the service to see what they liked. Food preferences were also recorded in the plans of care. Each person had a nutritional assessment and we saw that where necessary people had access to specialists such as dieticians or speech and language therapists (SALT). People's weights were recorded regularly to ensure they were not gaining or losing weight.

The dining rooms contained sufficient seating for all although some people remained in their rooms if this was their choice or were on bed rest. The cook said they were aware of people's special needs such as for people with diabetes or who required pureed food. There was also a lot of information about food allergies to ensure people did not eat food that harmed them.

The kitchen had achieved the five star very good rating from the last environmental health inspection which meant food ordering, storage, preparation and serving were safe. We went into the kitchen and found it to be clean and tidy. We saw there was a cleaning rota and a good supply of fresh, frozen, dried and canned foods. This included fresh fruit although the cook said they preferred to send the fruit round on the drinks trolley, rather than leave it in the lounges, to ensure nobody was at the risk of choking because they could be observed by staff.

We saw that new staff completed an induction. The new staff members files we looked at and staff we spoke with had previous experience in working in care homes and therefore did not need to complete the care certificate. However, we saw that the care certificate documentation was available for new staff who had not worked in the care industry before, which is considered to be best practice. We saw the homes induction paperwork was completed by the new staff member. Two staff members told us, "I completed the induction and was shadowed for a few days before I started working on my own. I had worked in other care homes before I came here" and "I have found them to be a good staff team. As a new member of staff they have welcomed me and I already feel a part of the team. I like it here. It is better organised than the last place I worked. I at first shadowed the other staff and had the induction sheet which had to be completed. It included personal care, policies, procedures, and things like the fire drills. I liked the way it was done here, working with someone else was beneficial and I got to know the people who live here quicker." New staff were supported to meet people's needs.

All the care staff members we spoke with thought they were given sufficient training to help equip them to care for people. We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding and fire awareness. Some staff had received further training in the care of people with dementia, end of life care, dignity, tissue viability and continence. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care. We saw that refresher and further training was planned for future dates. Staff were sufficiently well trained to perform their roles.

Staff members told us, "We get supervision. Maybe more than three monthly. We get a chance to talk and I could bring up any training I wanted" and "We get supervision, have meetings and medicines competency checks. I have not had an appraisal yet but it is due. I also complete supervisions with the staff." We saw that appraisal was held once a year and supervision around every two to three months. All the records were kept in the staff files. Regular supervision and appraisal gives managers and staff time to reflect upon practice and decide how best each individual can improve their knowledge and performance.

From looking at three plans of care we saw that people who used the service had access to professionals, for example psychiatrists and other hospital consultants, community nurse specialists and district nurses. Each person had their own GP. This meant people's treatment was regularly followed up and any new treatment could be commenced.

We looked at what consideration the provider gave to 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.

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. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw from three plans of care that people had a mental capacity assessment which was reviewed

regularly. Where people lacked mental capacity a best interest meeting was held. On the second day of the inspection a senior care staff member attended a best interest meeting for a person who used the service. Best interest meetings included professionals and family members if appropriate. There were 13 people who had a DoLS in place, four more were awaiting a local authority decision and two family members had a power of attorney for health and welfare. This meant people's rights were protected.

We saw that people had signed their plans of care when they could to agree to their care and treatment. Where this was not possible relatives who had power of attorney for health and welfare had been involved in the care plan and for those who lacked mental capacity a best interest decision meeting was held and an application for a DoLS.

We toured the building during the inspection and visited all communal areas, 11 bedrooms and the bathrooms. The home was clean, warm, tidy and did not contain any offensive odours. There was a new extension which had also allowed space to improve the laundry.

The communal areas were well decorated and had sufficient seating for people accommodated at the home. The communal areas were homely in character and a television was available for people to watch if they wished. We saw that activities were provided in the lounges. Some people preferred to remain in their rooms.

Bedrooms we visited had been personalised to people's tastes. This included people's own televisions and photographs of family members and ornaments. Most rooms had en-suite facilities.

There was a lift to access both floors and there were hand rails along the corridors to help people move independently if they could. There was a choice of bath or shower and baths had a hoist to assist people with mobility problems.

The garden was accessible for people to use in good weather and contained chairs and tables for people to relax and socialise. One person told us she normally had a walk around the garden area but on the day of the inspection it was too cold.

There were hoists and slings to help mobilise people and other equipment we saw included frames to help people walk.

Good

Is the service caring?

Our findings

People who used the service said, "Staff do as well as they can do, great attitude and always joking with you. A lot of it is your attitude, you give respect to get respect", "Staff have great attitudes, I couldn't have it better", "They listen, they are good", Staff are smashing and very respectful" and "Staff are always kind and caring. They are doing a very good job."

Relatives said, "Staff members are all lovely and helpful. Anything you need for your family then staff will provide it", "Staff are very good to [my relative]", "I am very happy my relative is here. She is looked after very well. If I am having a difficult time, I find staff to be very reassuring" and "One of the residents told me once that she didn't like her room so staff helped her to move to a different room. After one night she didn't like her new room and staff said to her if you don't like this one you could go back to your original one. So she did and staff supported her throughout."

Staff said, "I love it here. It is a rewarding job. I like chatting with them best. I would be happy for a member of my family to come in here", "I like the satisfaction around making people happy. I like to care. I would be happy for a member of my family to live here. Staff are very caring" and "There is a good team here. We have a bit of fun and try to help each other."

We observed staff during the inspection and how they interacted with people who used the service. Staff were professional, polite and had a good rapport with them. We did not see any breaches of privacy or witness anyone being treated in an undignified manner. We saw that staff also laughed, joked and joined in fun activities such as singing when they could.

Most people knew the names of their key workers which meant they spent quality time with them.

Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. There was also information about what a person was capable of doing which helped them remain independent. There was also a record of a person's spiritual or religious needs. On the day of the inspection there was a minister giving communion for people who wished to follow their religion in this way. We were also told ministers of other religions came into the home to offer prayers.

We saw that visiting was open and unrestricted. We observed that any visitors were welcomed into the home and were told people could have their visits in private if they wished. People were encouraged to maintain relationships with their family and friends. Relatives told us, "We know what is happening with our relative. We are well informed. Any changes staff will let us know", "Since I brought [my relative] here staff always involve me with everything that is going on", "For every little thing staff will be on the phone always keeping you informed" and "Staff keep me informed, I can't fault them." People who used the service told us, "It's

alright here, my friend comes to see me often", "My relative lives in London, she cannot come often but if I need her for anything I will tell staff" and "If I have visitors around I can take them to my room". All the relatives and people we spoke with said staff were welcoming and they could visit when they liked.

Most staff had attended end of life care training. People's end of life wishes were recorded in the plans of care. This meant that staff should be aware of how to support people and their families if their condition deteriorated.

Good

Is the service responsive?

Our findings

People who used the service told us "If I had a concern I would tell my relative who will speak to the manager" and "If I have any concerns, I just press the buzzer, and staff come straight away."

Family members said, "If I had any concerns, I would speak to the manager or [my relative] who is the main carer and she doesn't miss a trick", "I have no concerns, staff have always been more than helpful towards me and [my relative]" and "I usually come here to provide holy communion to catholic residents and I have never had any concerns. If I did I would talk to staff."

There was a suitable complaints procedure located in the foyer. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission and Rochdale Borough Council. We saw there had been two complaints since the last inspection. Both had been investigated and a conclusion reached including one which had ended with disciplinary action against a member of staff.

People who used the service told us, "There is always entertainment of some description, I especially like quizzes", "I like to watch television and sometimes staff take me out shopping", "We do one thing or another. Staff also take you everywhere, I have been to the Lowry to watch Chitty Chitty Bang Bang and on weekends my relative takes me out" and "They have got different things going on."

Relatives told us, "The activities coordinator is fantastic with [my relative]. She does her nails and hair and even sings for her", "There is always something going on, listening to music, doing exercises, care of the hair and nails and lots of entertainment. When [our relative] does not take part she likes to watch and listen" and "Often you come in and you have to wait as residents are busy doing exercise or making things."

We spoke with the activities coordinator who told us they provided a structure for both group and one-to-one individualised activities in the home. She showed us evidence of assessment forms which were used to identify individual residents' likes and dislikes and also forms used to report on activities enjoyed by individual residents. There was also an activities diary for the whole year cataloguing intended activities which included external entertainment.

There was a current week's activities poster showcasing both morning and evening planned activities. This included armchair exercises, quizzes, singalongs, music, beauty therapy sessions, story-telling and one to one sessions for those who prefer it or were bed bound. The activities coordinator also said, "We let residents do as much as they can for themselves with support. We encourage them to join in any meeting or activities." On the first day of the inspection the expert by experience was sat with the people in the lounge and joined in the quiz and commented, "The morning quiz session was on popular catch phrases and proverbs and it was interestingly funny. Enjoyable but nothing serious and a lot of laugher." There was singing and exercise in the afternoon. We saw care staff joining in as well as the activities coordinator. People were also taken out to places of interest or shopping. We saw there was a box of interesting objects

such as bobbins, zips, thimbles, empty boxes and many others items to give residents with dementia an opportunity to feel and recall the object. People were helped to keep occupied with meaningful activities.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

People who used the service told us", The registered manager discusses care with me, she comes in, we discuss care and if I agree I sign and if not she changes it", "My family member looks after all aspects of my care, I have got nothing to worry about" and "Staff are aware of my needs."

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. There was a daily record of what people had done or how they had been to keep staff up to date with information.

Staff had a handover at the beginning of their shift. A handover is used to keep staff up to date with any changes to a person's care or if they were attending activities or appointments they needed staff support with.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people who used the service how they thought the service was run. People who used the service told us, "The registered manager is very approachable, she runs this home very well" and "I like the registered manager." Relatives said, "The registered manager is doing a good job, they are all approachable" and "The home seems to be running very well with the staff they have got."

Staff said, "I like it here. It is better organised than the last place I worked. The seniors have been very approachable and they are there for advice. The registered manager has been absolutely brilliant. Very approachable. She is around a lot", "You can talk to the managers any time. They are friendly. I have lots of support and they helped me. I am still learning new things" and "The registered manager is very supportive and you can go to her if you need anything." People who used the service and staff thought the home was well run.

All the people with spoke with and their relatives said the home was friendly. Comments included, "I came here for a six weeks taster, made lots of friends and I decided in three weeks that this is where I would like to stay", "The atmosphere is impressive with a good mood and good outlook", "The atmosphere is very friendly", "The home is fabulous, if it is good enough for my relative then it is grand enough for everyone", "This home presents a wonderful and welcoming atmosphere with no unpleasant smells you tend to find in other homes", "The atmosphere is always happy" and "The atmosphere is very good, people talk to you." People who used the service and their relatives were happy with the care and atmosphere at this home.

People who used the service told us, "I attend meetings. We talk about food and that", "There are meetings and they are mainly about staff doing a lot to help you" and "Our meetings are about what's gone on and if anything is bothering you." We saw the records for meetings held with people who used the service. The last meeting was held in December 2016. Topics included the menu, activities and the Christmas party. From one meeting people asked for pet therapy and this was provided. People had a say in how the home was run.

There was also a quarterly newsletter. People were informed of upcoming birthdays, money raising ideas and results, upcoming activities and outings and newcomers (new admissions and staff). This gave those who wanted to read it a good insight into what the home provided.

There were two staff meetings in December 2016. Staff told us they were invited to regular meetings and could bring up topics they wanted to. Items on the agenda included encouraging people to eat fresh fruit, reminding staff that if people had 'nibbles' in their rooms it would be nice to ask them if they wanted them during the day, participation in the upcoming dignity award, staffing and daily routines. Staff were

encouraged to share their ideas and help improve the service.

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read.

We looked at some of the policies and procedures which included confidentiality, DoLS, equality and diversity, hand washing, health and safety, infection prevention and control, medicines administration, the MCA and whistle blowing. Policies and procedures were updated regularly and available for staff to follow good practice.

The registered manager conducted audits to check on the quality of service provision. The manager looked at infection control, the environment including cleanliness, pressure relieving equipment, safeguarding and mental capacity, complaints, activities, nutrition, personal care, medicines and outdoor space safety. We saw that where the manager found any issues this was recorded and any action that needed to be taken for improvement. There was also a regular audit of the plans of care and the competencies of staff to administer medicines. Regular audits helped the registered manager maintain or improve standards.

We saw that quality assurance questionnaires had been completed by professional visitors which included mental capacity assessors, a community staff nurse, an audiologist, a SALT and practice nurse. All the results were positive and comments included, "I have been sat in an area where I have been able to see and listen to staff interactions with residents I feel these have been respectful and appropriate. I overheard an activity session which residents appear to enjoy", "The staff are always helpful" and "Helpful staff with information provided on request and instructions followed."

Nineteen quality assurance questionnaires were returned from family members. The service asked questions around the quality of the facilities, staffing and care. The results were very positive and comments included, "All the staff are friendly and make visitors welcome", "Everyone is respectful and helpful", "I am very pleased with the care [our relative] receives. She is fortunate to have a caring staff supporting her", "We are always offered drinks and snacks and our relative has been involved in all the activities since arriving", "We are fully supportive of the difficult job that is done but can see only positives from the time our relative has been with you" and "[My relatives] care is all I could wish for, love and care twenty-four seven and we are very happy with the care that is given." We saw that one comment had been about the small size of the television in one of the lounges. This had been replaced with a larger one prior to the inspection.

Sixteen people who used the service responded to the survey. Questions were asked around privacy and dignity, activities, staff helpfulness and staff attitude, the environment and any improvements that could be made. The responses were again positive and included comments such as, "Meals may suit you but you can change them if you want", "Everything is good for me", "I would like to go out on more trips" and "I am happy with my care, food is very good and my room is adequate for all my needs and as far as I am concerned it is great. Could not ask for any more." Trips had subsequently been arranged for people who wanted to go on trips including a walk in a park and the registered manager went to see a person who was not sure she had been involved in their care plan to go through it. The service sought the views of people who used the service, family members and professionals and responded to any negative thoughts to improve the service.