The Healthcare Management Trust

Coloma Court Care Home

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 and 19 July 2016 and was unannounced. Coloma Court Care Home provides nursing and residential care for up to 62 older people. At the time of our visit 62 people were living there. At our last inspection on 20 November 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected.

The home had a registered manager 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 and associated Regulations about how the service is run.

The service provided to people was extremely caring. The home provided outstanding end of life care and people experience a comfortable, dignified and pain- free death. Health care professional told us there were excellent arrangements in place to meet people's end of life care needs. The home had been accredited the Gold Standard Framework (GSF) Beacon status for the high quality of care they provide to people in their final years of life. Beacon status is the highest level. Staff regularly attended training provided by a local hospice in order to learn and develop their practice in supporting people at the end of their lives. People valued their relationships with the staff team. Staff enabled people to remain independent and understood people's individual needs around privacy and dignity. There were regular relatives and residents meetings and people told us their views and opinions about the home were listened to and acted on. Some people using the service participated in the homes recruitment process.

People using the service said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager, unit managers and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to ensure that people were receiving the food and fluids they needed.. People had access to a GP and other health care professionals when they needed them.

Staff knew people well and treated them with understanding, compassion and dignity. People's privacy was respected. People using the service and their relatives were provided with appropriate information about the home before they moved in. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. Care plans and risk assessments provided guidance for staff on how to support people with their needs. People and their relatives knew about the home's complaints

procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

There were appropriate arrangements in place for monitoring the quality of the service that people received. The provider took into account the views of people using the service, relatives and staff through surveys. The results were analysed and action was taken to make improvements for people living at the home. The registered manager carried out unannounced visits to the home to make sure people where receiving appropriate care and support. Staff said they enjoyed working at the home and they received good support from the registered manager and unit managers.

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 appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were enough staff to meet people's needs.

Appropriate recruitment checks took place before staff started work.

Appropriate procedures were in place to support people where risks to the health and welfare had been identified.

Medicines were managed safely and records showed that people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager, unit managers and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were protected against the risks of inadequate nutrition and dehydration.

There were appropriate arrangements in place to ensure that people were receiving the food and fluids as recorded in their care plans.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Outstanding

The service was extremely caring.

The service provided outstanding end of life care and people experience a comfortable, dignified and pain- free death. The home had been accredited the Gold Standard Framework (GSF) Beacon status for the high quality of care they provided to people in their final years of life. Beacon status is the highest level.

People valued their relationships with the staff team.

Staff enabled people to remain independent and understood people's individual needs around privacy and dignity.

Some people using the service participated in the homes recruitment process.

There were regular relatives and residents meetings and people told us their views and opinions about the home were listened to and acted on.

People using the service and their relatives were provided with appropriate information about the home before they moved in.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People were provided with a range of appropriate social activities.

People using the service and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager in post.

There were appropriate arrangements in place for monitoring the quality of the service that people received.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through relatives and residents meetings and surveys.

The registered manager carried out unannounced visits to the home to make sure people where receiving appropriate care and support.

Staff said they enjoyed working at the home and they received good support from the registered manager and unit managers.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

Coloma Court 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.

The unannounced inspection was carried out on 18 and 19 July 2016. The inspection team on the first day 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. The inspector returned to the home on the second day. Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing the care and support being delivered. We spoke with eleven people using the service and the relatives and friends of three people. Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four members of staff, three unit managers, the chef and the registered manager. We looked at records, including the care records of ten people using the service, nine staff members' recruitment and training records and records relating to the management of the service. We spoke with a visiting GP and health care professional. We also received feedback in the form of emails from three other health care professionals and the local authority that commissions services from the provider.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "Yes I feel safe here. I don't think there is anything for me to worry about." A relative said, "I think my relative is very safe here. They are well looked after." A visiting health care professional said, "They do the small things well here which I think is important, for example people always have water in their rooms and call bells within their reach."

The home had a policy for safeguarding adults from abuse and a copy of the 'London Multi Agencies Procedures on Safeguarding Adults from Abuse'. The registered manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The registered manager said they and the staff team had received training on safeguarding adults from abuse. Training records we saw confirmed this. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

There was sufficient staff available to meet people's care and support needs. We observed a good staff presence and staff were attentive to people's needs. One person using the service said, "I think there is always enough staff around. They're busy but they're plenty." Another person told us, "I can't complain, there is always someone around if I need them." A relative told us, "There is enough staff about when I visit." The registered manager showed us a staffing rota and told us that an assessment of people using the services dependency needs was carried out on a monthly basis and staffing levels at the home were arranged according to the outcome of the assessment. If people's needs changed additional staff cover was arranged. The home employed a team of bank staff to cover vacancies, staff annual leave or sickness. The registered manager told us bank staff received the same training and supervision as regular staff. This was confirmed in the when we looked at staff training and supervision records. We also observed that staff responded quickly when call bells were activated. One person said about staff responding to the call bell, "I keep my call bell near me. The staff are quite good actually, they get here quickly when I need to call for them." Another person told us, "It varies, not more than five minutes. It is not any longer at night so it's not too bad."

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of nine members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, a recent photograph, proof of identification and evidence that criminal record checks had been carried out. We saw that checks were carried out to make sure nurses were registered with the nursing and midwifery council (NMC). The registered manager told us they monitored each nurses' NMC registration to make sure they were able to practice as a nurse.

Action had been taken to support people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, choking, their nutritional needs, moving and handling and skin integrity. For example, where people had been assessed at risk of falling we

saw guidance had been provided to staff on the prevention of falls. People's care plans recorded the support they needed from staff to ensure safe moving and handling. Where people had been assessed as at risk of choking we saw advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire, we saw records confirming that regular fire drills were carried out at the home and that all staff had completed training on fire safety.

People told us they received their medicines when they were supposed to and when they needed them. One person said, "I get my medicines every day and on time." Another person told us, "I look after my own medicines; I keep them locked in my drawer. I sign my medicines sheet every day and the staff check with me to make sure everything is okay." We saw this person had a self-medicating risk assessment in place, they had signed an individual medication administration record (MAR) each time they had taken their medicines. We saw that staff had regularly checked that stocks and balances of this person's medicines were correct.

Medicines were administered safely. We observed a GP discussed people's medicines with a unit manager. They told us this was to make sure the medicines people received met their current health needs. The unit manager told us that only trained nursing staff administered medicines to people using the service. All of the unit managers at the home were registered general nurses (RGN). We saw medicines competency assessments had been completed by these staff before they could administer medicines. We observed the unit manager administer medicines to people safely in a caring and unrushed manner. We looked at the medicines folders for one of the units at the home. These were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. As required medicines (PRN) were recorded on MAR's and signed for by staff when administered. There was individual guidance in place for staff on when to offer people PRN medicines. We observed the unit manager asking people if they needed their PRN medicines for example, checking if they were in any pain.

There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. Medicines were stored securely in locked clinical rooms on each unit at the home. Checks of controlled drugs were in place and were recorded in a controlled drugs book. The home had a safe system for the disposal of medicines. We saw records of any destroyed medicines had been signed and dated by staff.

We checked the balances of medicines stored in the medication trolley for three people using the service against the MAR and found these records were up to date and accurate. Daily medicines fridge and clinical room temperature monitoring was in place and recordings were within the appropriate range. Regular audits of medicines were completed by unit managers to monitor and reduce the likelihood of any risk. We saw a report from an audit carried out by a local pharmacist in May 2016. This report included recommendations for improvement. We saw an action plan completed by the home confirmed that the recommendations had been fully addressed by the unit managers. These processes helped protect people from the risks associated with inappropriate use and management of medicines.

Good

Is the service effective?

Our findings

People told us the service was effective and met their needs. One person using the service told us, "I think the staff are well trained because they do things for me that I appreciate." A relative said, "The staff certainly know what they are doing when it comes to my relative's care needs."

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. One member of staff told us they had worked at the home for a long time and had always received good training. We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us that all new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Training the provider considered mandatory included infection control, safeguarding adults, food hygiene, fire safety, health and safety, moving and handling, equality and diversity, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Training records confirmed that staff were up to date with this training. New staff that had recently started employment at the home were in the process of completing mandatory training as part of their induction. Staff also received training relevant to the needs of people using the service for example dementia awareness, challenging behaviour, dignity in care and end of life care. Nursing staff had received training the safe administration of medicines, wound care and venepuncture.

Staff were receiving on-going supervision in their roles to make sure their competence was maintained. Staff told us they received regular supervision, an annual appraisal of their work performance and said they were well supported by unit managers and the registered manager. One member of staff said, "I get supervision every two months and had an annual appraisal last year. I like working with the residents and the staff. There is very good teamwork here, we all support each other." Records seen confirmed that staff were receiving regular supervision with unit managers and, where required, an annual appraisal of their work performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 registered manager and unit managers demonstrated a good understanding of the MCA and DoLS. They said that some people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where managers had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives,

if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications had been made to the local authority to deprive people of their liberty, for their own safety, where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

People were provided with sufficient amounts of nutritional food and drink to meet their needs. People's care plans included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw that records were kept of people's fluid and dietary intake when they had been assessed at risk of malnutrition or dehydration. A unit manager told us that these records were reviewed by health care professionals who provided guidance for staff on how to support people to meet their nutritional needs. We saw that referrals had been made to appropriate health care professional's following changes to people's dietary intake or weight loss.

We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were plenty of staff to assist people when required. A daily pictorial menu was available on the tables for people to make their choices from. One person using the service told us they had a medical condition so sometimes they could not eat what was on the menu. They were always offered an alternative option. They told us, "The chef is very cooperative and meets my needs quite well." Another person said, "The food I get is good." Some people ate their meals in their rooms. We saw that they received hot meals and drinks in a timely manner. One person said, "I like to stay in my room. I get my food and drinks at the same time as everybody else. The food is hot when it arrives." We saw that people were also provided with drinks and snacks throughout the day and these were available in the lounges on each unit.

We found there was clear and frequent communication between each unit and the kitchen regarding people's dietary preferences and requirements. The chef showed us documents which alerted kitchen staff about people's dietary needs, personal preferences and any food allergies they had. We saw that twelve people living at the home had been placed on modified diets such as pureed and soft diets due to their health care needs. The chef told us these people were provided with pre prepared meals supplied by an external company which were heated up at the home. They said the external company offered nutritious, well balanced meals that were presented in an appealing way. One person using the service told us, "I am on a soft diet because I can't eat anything too hard. I used to get my food liquidised and it didn't look very nice at all. But now my lunch looks like lunch and it's very tasty." The chef showed us seasonal menus which offered people a choice of two meals at meal times. The menus also displayed alternative options for people if they didn't like what was available. The chef told us they knew people's needs well for example one person liked salmon and therefore had salmon two or three times each week. We also noted that the kitchen was clean and well-kept and had been awarded a five star food hygiene rating.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. A GP told us their practice visited the home once a week or when required to attend to people's needs. They reviewed people's medicines, for example, when their needs had changed or when people had returned from hospital. The GP said there was

very good communication between the home and practice and they had confidence in the home's staff. They never had any concerns about the quality of care provided there and people's relatives had always given them very positive feedback about the home. A speech and language therapist told us they had been an attending Coloma Court for many years. They said, "As a staff team they always respond in an appropriate and timely manner to queries and there is always a member of staff provided when I visit to do any assessment of the patient's swallowing."

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "Of course I would like to be in my own home but this is a nice place and I feel well cared for here. Nothing is too much to ask of staff, they are so helpful." Another person said, "The staff are very caring. They are always trying to help me and they are so patient." A third person told us, "I am very happy here I can't believe it. I have a lovely room and a lovely view out of my window." A relative told us, "It's brilliant, without the home my mum wouldn't be with us." A health care professional told us, "My experience of the care provided to people at the home is excellent. People's care is always dealt with professionally and thoroughly."

The service provided outstanding end of life care and people experience a comfortable, dignified and pain-free death. The home had been accredited the Gold Standard Framework (GSF) Beacon status for the high quality of care they provide to people in their final years of life. A nurse from a palliative care team told us, "In my experience Coloma Court is an excellent home. They provide people with individualised respectful, dignified and effective care. The residents are happy and appear to have not only their physical but also emotional, psychological and spiritual needs cared for. The home has obtained the GSF award at Beacon status, which is the highest level. The staff always attend any training we provide and are keen to learn and develop their practice." A GP told us their practice had been attending Coloma Court since it opened. They said end of life care was managed to a high standard and they worked closely with the registered manager, the home's staff and the palliative care team to make sure everything was in place to meet people's needs in the final days of their lives.

The registered manager showed us a guest room and told us relatives stayed at the home when their relatives were poorly or approaching the end of their lives. They told us they and the whole staff team were fully committed to the GSF approach. Training records we saw confirmed that all staff including non clinical staff and domestic staff had received training on end of life care. We spoke with three domestic staff who told us they had received this training so that they could understand how people should be supported at the end of their lives. The home took part in an audit carried out by a local hospice. They said data collected from the audit was used by the hospice to develop future improvements in end of life care. They showed us a report from the last audit which included very positive comments from the relatives of people who had received care at Coloma Court during the final days of their lives. One relative had commented that they could not see how the arrangements for their relatives last few days could have been bettered. Their relative was fortunate to have been in such kind sympathetic and caring hands.

People and their relatives we spoke with told us that they were involved in the development of the care plans and were able to express their views as to the way they would like their care delivered. One person told us, "I am involved in planning my care. I am doing things my way. The staff update my care plan as I go along." A relative told us, "I visit my relative quite a lot. I would say I am involved in their care planning because the nurses listen to what I have to say and my relative is very well looked after."

Care plans detailed people's histories, preferences and expressed wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability,

physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Care plans demonstrated that where appropriate staff supported and enabled people to practice their faith and to attend services that reflected people's cultural or religious needs. A health care professional told us they had been visiting the home for many years. The manager and staff were warm and welcoming when they visited and staff had a caring attitude towards the people who lived there. They said people were supported in particular to meet their spiritual and religious needs by the provision of daily mass and the Christian ethos of the home was reflected in the attitude of the staff and their approach to care. The registered manager told us that the home strived to create a happy and caring environment for everyone and welcomed people from different religious and cultural backgrounds.

People valued their relationships with the staff team. We saw staff actively listening to people and encouraging them to communicate their needs, and staff had introduced additional equipment to support people with communication. One person using the service with sensory impairments told us, "I like to spend most of my time in my room. I don't feel isolated though because there is plenty of interaction with staff and I do like to go for walks with them in the garden. They are always checking to see that I am alright. I like to listen to talking books and there are other things for me to do if I want to." We saw this person had aids to support them such as a talking clock and a telephone with large number keys. We also saw a notice near the light switch advising staff to keep the persons room light on during the day and at night time. This person told us, "It shows the staff really understand what I need because having the light on helps me slightly to see when I need to use the bathroom during the night." Another person showed us their room and told they had brought some of the photographs and furniture from their old home. They showed us a bottle of whiskey and ginger ale they kept room. They said, "If I fancy a drink I can have one just like you would do in your own home." They said about a staff member, "There is one who is wonderful, we call ourselves best mates." A member of staff told us, "I love working with the people who live here. One person who doesn't really like going out went out on Election Day and voted. They were so happy and that really made me happy for the rest of the day. If I can do something every day that makes an impact on someone's life then it makes my job worthwhile."

We observed some people enjoying sessions with an activities coordinator in the form of "Namaste". Namaste is a program designed to improve the quality of life for people with advanced dementia. We saw an activities coordinator massaging and moisturising one person's hands and combing their hair. There were drinks and nibbles and soft relaxing music playing in the background. The person receiving Namaste told us the session was lovely and the activities coordinator had very soft and gentle hands.

Staff enabled people to remain independent and understood people's individual needs around privacy and dignity. Staff told us they maintained people's independence as much as possible by supporting them to manage as many aspects of their care that they could. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One person using the service said, "I can do most things for myself. I try to be as independent as I can and the staff always respect that." Another person told us, "The staff don't just do things for me they ask me what I want. They respect my privacy because they always knock on my door before they come into my room." A third person said, The staff are great we are always having a bit of a laugh. They help me to have a wash in the morning and I choose what I want to wear and they get it for me."" A relative told us, "The staff are kind and caring and always respect me and my relative."

There were regular relatives and residents meetings and people told us their views and opinions about the home were listened to and acted on. One person said, "I do express my views and the staff and managers listen to me." Another person said, "I am a great one for giving my views. I was mentioned in the minutes of the last meeting because I said we had rather a lot of fruit cocktail and I didn't want it every day. We don't

get fruit cocktail so much now." The service had involved people in running the service, for example, the registered manager told us they invited some people using the service to participate in staff interviews during the recruitment process. Potential recruits were escorted around the home and introduced to people using the service. Feedback received from people about candidates formed part of the recruitment decision making process.

People using the service and their relatives were provided with appropriate information about the home in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they moved into the home. A relative told us, "We got a brochure when my relative moved here. Everything we needed to know about the home is in there."

Good

Is the service responsive?

Our findings

People using the service and their relatives told us the service met their care and support needs. One person told us, "There is always something to do here." A relative told us, "My relative is very well looked after and cared for."

Care and health assessments were undertaken to identify people's support needs when they moved into the home. The home had introduced a computer based care planning system in July 2015. A unit manager told us that care plans and risk assessments were developed using the assessment information. Care plans included detailed information and guidance for staff on how people's needs should be met. They described people's daily living activities, their life history, personal preferences, their communication methods, mobility needs and the support they required with personal and nursing care. We saw that people's care records were constantly updated throughout the day by health care assistants using iPod's and nursing staff using iPad's. For example health care assistants recorded what people ate and drank or if there were any changes in their needs or behaviours that might require medical assistance and unit managers recorded the outcome of appointments with and referrals made to health care professionals.

Most of the information relating to peoples care and support needs were held on the computer system however some paper records were held in individual care files, for example capacity assessments and, where appropriate, Deprivation of Liberty Safeguards authorisations and associated paperwork. The unit manager told us, "The care planning system is easy to use, easy to update and it's easy to keep people's needs under review. Staff have more time to spend time with the residents because they are not having to complete lots of paperwork." A health care assistant told us, "We are all familiar with people's needs because we read their care plans and assessments. Using the iPod during the day also helps us keep up to date with what people need." Information contained in the care files indicated that people using the service, their relatives and appropriate healthcare professionals had been involved in the care planning process. A relative told us, "I am very involved with the home when it comes to planning for my relatives care. They do all they can to meet her care needs and they always ask for my opinion."

The home had three units and each had a manager. Unit managers told us they worked out of the units in main the office on specified days during the week to carry out administrative work such as arranging appointments, making referrals to health care professionals, updating care records and supervising staff. People were provided with a range of appropriate social activities. One person said, "I went to the Strawberry Tea Party in the garden on Saturday. It was really nice. The weather was great and lots of people came." Another person told us, "There is plenty to do here. It's a lovely day and I was out in the garden this morning." A third person told us, "I play dominoes, cards and large snakes and ladders. I like to play patience, read or do crosswords." We saw activities information displayed on notice boards in each unit. Activities included, for example, exercises, musical bingo, flower arranging, knitting and sewing, sing a longs, Bible study and various visiting entertainers. An entertainer attended the home on the first day of our inspection. We saw the session was very well attended by people using the service. They sang along and tapped their feet to the music and showed their appreciation by clapping at the end of each song.

The home employed two activities coordinators. One activities coordinator told us they took people out to pubs, shopping trips and to local schools in the home's minibus. They told us the home had built a special relationship with a school for children with special needs. They said some people really enjoyed the relationship they had with the children as they shared common ground in that they used wheelchairs. The coordinator told us they also visited people who liked to stay in their rooms for a chat and to offer them opportunities to go for walks or partake in planned activities.

People using the service and their relatives said they knew about the service's complaints procedure and they would tell staff, the unit manager or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person using the service said, "If I needed to make a complaint I would know what to do." A relative said, "I would raise my concerns with the unit manager if I had any. I am confident they would deal with them appropriately." We saw a complaints file that included a copy of the providers complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. The registered manager had worked at the home since it opened ten years ago. They told us they were leaving at the end of August 2016 and advised us that the provider was in the process of recruiting a new manager to run the home. The home had three units and each had a manager.

People using the service and their relatives spoke positively about the staff and the unit managers and the registered manager. One person using the service told us, "I think it's all well organised here." A relative said, "The registered manager and staff are very good. I think the home is well run." A health care professional told us the registered manager was excellent as they engaged very positively with them and other outside professionals. They said the registered manager was innovative, proactive in management; they empowered and supported the staff very effectively. An officer from the local authority that commissions services from the provider told us there were no recent concerns regarding the home and the quality of care was good.

Staff spoke positively about the leadership provided by the registered manager and unit managers. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One member of staff told us the unit managers and the registered manager had an open door policy and they felt they could talk to them at any time about anything they thought was important about the people who lived there or about themselves. Another member of staff said they had worked at the home since it opened, they told us, "I feel well supported by the unit manager and the registered manager. They are quick to act on things and always let the staff know what's happening at the home. The team work is great, that's why I have been here for so long." A unit manager told us, "I get good support from the registered manager. We are well organised and our teamwork is really good." The registered manager told us that individual contributions from staff were acknowledged through a care worker of the month award. Staff's long service was also celebrated at an annual recognition awards ceremony.

Quality monitoring systems were in place. The registered manager showed us completed spread sheets of monthly audits the provider required home managers to carry out. These included audits of care files, medicine administration records, health and safety, infection control, call bells, staff training and complaints. The audits also covered incidents and accidents, falls, pressure sores, medicines errors and deaths. The registered manager told us this information was analysed by the provider and any trends, patterns or queries were flagged up with them by the director of operations during their regular meetings. The registered manager told us that incidents and accidents, falls, medicines errors and complaints were discussed during team meetings and group supervisions in order to reduce the likelihood of these incidents reoccurring. We saw reports from the provider's audit and compliance manager who visited the home once every two months to talk to people using the service, relatives and staff and managers. We also saw reports from unannounced evening and night time visits carried out at the home by the registered manager in April and July 2016. The registered manager told us they carried out these unannounced checks to make sure people where receiving appropriate care and support.

Regular monthly staff team meetings took place on each unit at the home. These meetings were attended by the unit managers and care staff. Issues discussed at the June meeting for one unit included the outcome of a documentation audit, care plans, risk assessments, staff supervision and training. One member of staff told us, "The team meetings are very informative. We talk about the residents and what they need and what we can do as a team to make sure the home runs well. If an incident or an accident occurs the managers will call a meeting to discuss the issue to try to make sure the incident does not happen again."

The provider took into account the views of people using the service and their relatives through and regular surveys. They also sought the views of staff through an annual survey. The registered manager showed us reports including actions taken following residents and relatives and staff surveys carried out in 2015. These actions included improving communication with catering staff and updating staff about training and supervision. We also saw the minutes from resident and relatives meetings held on two units in June 2016. These meetings were well attended by people using the service, relatives and staff. Topics discussed at one of the meetings included for example, the home's minibus, outings, activities, the Strawberry Tea Party, staffing, catering, care planning, communication and safety issues. The minutes recorded comments made by people using the service and their relatives and actions taken to make improvements at the home, for example new flooring had been laid in the corridors and there were plans to provide a new shower room. The registered manager told us the results of the surveys were shared with people using the service, their relatives and staff and they used the feedback from the surveys and residents and relatives meetings to make improvements at the home.