NRS Healthcare Limited

Firtree House Nursing Home

Inspection report

2 Fir Tree Road
Banstead
Surrey
SM7 1NG

Tel: 01737350584
Website: www.firtreehousenh.co.uk

Date of inspection visit:
31 May 2018

Date of publication:
01 August 2018

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

Firtree House Nursing Home is a privately owned and managed establishment accommodating a maximum of 35 older people and people living with dementia or physical disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit 25 people lived at the home.

The home was previously registered under a different provider and was rated Requires Improvement. A new provider has taken over the service and registered the home with the CQC. We carried out this inspection to ensure the new provider had taken action to address the issues at the home, and that people were receiving a good standard of care. Feedback from service commissioners was that the service had greatly improved under the new management.

This was the first inspection of Firtree House Nursing Home under the new provider. This inspection took place on 31 May 2018 and was unannounced. During this inspection we found that the concerns identified at our previous inspection under the previous provider had been dealt with.

There were two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was at the home during the time of our inspection.

People were very positive about the new management. The described how real changes had been made to their lives and they were much happier and satisfied with the care they received. People were complimentary about the staff, describing them as caring and happy in their work.

People were safe at Firtree House Nursing Home. Risks around people's health and safety had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, to keep people safe.

There were sufficient staff deployed to meet the needs of the people who lived at the home. Under the previous provider the majority of staff had been agency. NHS NRS Healthcare Limited, the new provider, had stopped this, and the home was now fully staffed by permanent carers and nurses. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received an induction when they started working at the home and had ongoing training. This was tailored to

the needs of the people they supported, and also gave the nursing staff the training and clinical supervision to keep their registration with the Nursing and Midwifery Council up to date.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. The home was clean and staff practiced good infection control measures, such as hand washing, hygienic cleaning of the environment and equipment and correct use of personal protective equipment.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. Accidents and incidents were reviewed to minimise the risk of them happening again.

Before people moved into the home, their needs were assessed to ensure staff could provide the care and support they needed. People told us they enjoyed the food. They received a balanced diet and they were encouraged to keep hydrated. People had enough to eat and drink, and specialist diets either through medical requirements, or personal choices were provided.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve because of the effective care and support given by staff. Staff worked with local health authorities on initiatives to continue to improve the care people received.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People knew how to make a complaint. No complaints had been received since the new providers had taken over the service.

People received the care and support as detailed in their care plans. People had access to a range of activities. These helped stimulate people's minds to prevent them from becoming bored or isolated.

The staff knew the people they cared for as individuals, and were positive in their interactions with them. Staff treated people with kindness and respect. People were involved in their day to day care decisions. People would be supported at the end of their lives to have a dignified death.

The registered managers had a clear vision and set of values based on providing personalised care to people. Staff understood this and demonstrated these values during the inspection in their interactions with people. Quality assurance processes were used to make improvements to the home and the experience of people who live here.

The new provider had taken ownership of the troubles from the previous owners and really made improvements to the care people received. They had a clear plan to continue the improvement process throughout the home so that people received a standard of care they had never received before. Improvements to the way staff are supported and involved in the home has also had a positive impact on people's experience.

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.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety and involved them, guidelines were in place for staff to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Infection control processes were robust.

Is the service effective?

Good

The service was effective

Peoples needs had been assessed prior to coming to the home, to ensure those needs could be met.

Staff said they felt supported by the registered managers. Staff had access to training to enable them to support the people that lived there.

People had enough to eat and drink.

People had access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Adaptations had been made around the home to meet people's needs.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's

liberty may be being restricted, appropriate applications for DoLS authorisations had been completed.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals.

People could have visits from friends and family, or go out with them, whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans gave detail about the support needs of people. People were involved in their care plans, and their reviews.

Staff offered activities that matched people's interests. The registered manager was keeping the activities provision under review to ensure people did not feel bored.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

People would be supported at the end of their lives.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were effective at ensuring the home was following best practice. Records management had improved since the new provider had taken over. This ensured management oversight of the home was effective.

People and staff were involved in improving the service.

Staff felt supported and able to discuss any issues with the registered managers.

The registered managers understood their responsibilities with regards to the regulations, such as when to notify CQC of events.

The management were striving to continually improve the service for the people that lived here.	

Firtree House Nursing 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.

Why we inspected - This was a routine comprehensive inspection. This home had been previously owned and managed by a different provider. A number of concerns had been raised at the last inspection. The new provider NRS Healthcare Limited registered with the CQC in April 2018. We inspected the service to ensure that the new provider was providing a good service and had addressed the concerns that had been raised when the home was under the old provider. This inspection took place on 31 May 2018 and was unannounced.

The inspection team consisted of one inspector, a nurse specialist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had not yet completed a Provider Information Return (PIR) as the service had only just registered with CQC. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived at the home, three relatives and eight staff which included the registered managers who were present on the day. We observed how staff cared for people, and worked

together. We also reviewed care and other records within the home. These included seven care plans and associated records, seven medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also contacted commissioners of the service to see if they had any information to share about the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the Firtree House Nursing Home. The main reason they felt safe was due to the considerate staff. One person said, "Staff always check I am safe to walk to the toilet which makes me feel safe." Another person said, "When they come to see you or sit with you they are always so gentle and that makes me feel comfortable."
A relative told us, "The night staff are very good at checking my family member, she tells me this."

People were protected from the risk of abuse. Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. One staff member told us, "I have all my mandatory training and I know about reporting abuse. I also know about whistleblowing and I will do this if I need to."

Staff had all received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Each member of staff we spoke with were aware of how to report suspected abuse and contact details of the local authority safeguarding team. The information on how to report suspected abuse was displayed around the home. These were a reminder to staff and people about who they could contact if they had concerns.

People did not feel restricted by staff trying to keep them safe. People told us that they were able to move around the home as they wished. People also said they were able to go outside or on outings with family or friends. One person said, "I like to go to the barber down the road and one of the carers takes me." Another person said, "They always help me with my walker."

People were kept safe because the risks of harm related to their health and support needs had been assessed. One person said, "If they see you straining to do something they come at once." Hazards to people's health had been risk assessed for issues such as tissue viability (people prone to pressure wounds) falls and choking. When individual risks had been identified, the care plans contained clear guidance for staff on how to manage these. For example how to support someone with poor skin integrity, epilepsy, or use or catheters. Staffs knowledge of how to support people to keep them safe matched the guidelines in the risk assessments, such as regularly checking that air mattresses used to minimise pressure sores was set at the correct setting. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was used to support people.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home and people took part in fire drills. People also had personal evacuation plans, which were understood by staff, that detailed the support and equipment they would need if they had to be evacuated from the building.

Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to

ensure people would be cared for if the home could not be used after an emergency.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. One person told us, "There are enough staff and they are all very helpful." Another person said, "I always get a good response from staff if I need help." People did not have to wait for staff support because staff were always available to help them if needed. We did not see many people sleeping during the morning or afternoon. This was due to people being stimulated by staff through conversations and their presence.

Staffing levels were based on the individual needs of people. The registered managers confirmed that since they had taken over the service they had reviewed how dependency needs were calculated. This was to ensure staffing numbers, including numbers of nursing staff, were adequate to be able to provide care without rushing people. Staffing rotas recorded that the number of staff on duty matched with the numbers specified by the registered managers. One person said, "They always answer the bell quickly." Staff said they felt there were enough of them to meet people's needs.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely, and they were involved in the process as much as they were able to be. One person said, "I get my medicines at the same time in the morning and at night" A relative said, "My family member's medication is always given on time which is very important due to their diagnosis."

People told us they had confidence in the staff that supported them with their medicines. One person said, "The staff come in here and take their time when they give me my medication. They do not rush me." When administering medicines care staff were calm and unrushed and ensured people received the support they required. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. Where people had allergies this was recorded on the medicine administration record (MAR), and staff who gave medicines knew about them. Staff who administered medicines to people received appropriate training, which was regularly updated, including having their competency checked.

The ordering, storage, and disposal of medicines were safe. A staff member said, "We take medication very seriously, it is a big responsibility and I am very careful." Medicines were stored safely and securely in a locked cabinet. The temperature that the medicines were stored at was monitored to check they were kept within the manufacturers recommended temperatures. There was guidance for staff on what to do if the temperature went out of the medicine manufacturers range. Used medicine was collected by a specialist contractor for safe disposal and a receipt given for records. Sharpe bins, used to store used needles were available and were only filled to the levels recommended by the manufacturer, to reduce the risk of injury to staff.

People were cared for in a clean and safe environment. One person said, "The home is very clean and all my clothes are always very clean." A relative said, "The cleanliness is greatly improved [since the new provider]. They do a deep clean regularly." There was a deep cleaning schedule which covered all areas of the service to ensure cleanliness was maintained. Items such as mattresses and bedrails were checked and cleaned every day. The management kept detailed records of the cleaning that had been carried out.

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control and health and safety. Staff understood their responsibilities around maintaining a safe environment for people. They ensured the floors and doors were kept clean. Equipment such as walking frames were regularly serviced and cleaned to make sure they were safe to use. Staff wore appropriate personal protective equipment when giving personal care, or when serving food to minimise the risk of spreading infection.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information was reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. For example to support a person who had a history of behaviour that may challenge themselves, or others, the registered managers had met with the person and the commissioners of the service for this person. As a result the person's medicines were reduced, and additional support was put into place. The person is now more relaxed and incidents involving this person have substantially reduced from what had been experienced at the person's previous care placement.

Good

Is the service effective?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. This involved meeting with people and those important to them. Assessments contained detailed information about people's care and support needs. The assessments reviewed people's psychiatric requirements or use of specialist medicines that may be required, to see if there were any specific legislation or standards that needed to be met. Other areas covered during the assessments included eating and drinking, sight, hearing, speech, communication, and their mobility, as well as personal preferences and histories.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. A relative said, "The quality of staff is the best it has been." The induction process for new staff was robust to ensure they would have the skills to support people effectively. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported. Staff had regular one to one meetings which took place with their line manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Nursing staff also received clinical supervisions. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

People had enough to eat and drink to keep them healthy. One person said, "It's brilliant food I couldn't fault it. It's just like my mum made." Another person said, "The food is always nice and you have a choice." People were involved in the menu and selection of meals. The chef was proactive in involving people with selecting dishes to put on the menu by meeting with them and asking which meals they would like to see included. People were offered high quality and a variety of diets for people's specific needs, for example, chopped, pureed, diabetic, low fat and low salt. People's dietary requirements based on their faith or cultural background were also respected and provided for.

People were protected from malnutrition and dehydration. Throughout the day meals and drinks were served to people to manage independently or with one to one support from staff. Care plans contained nutritional assessments and people's weight was recorded each month. When people had been assessed as being at risk of malnutrition or dehydration, care plans provided clear guidance for staff. The staff team had also become involved in a nutrition and hydration pilot developed by the local clinical commissioning group. This gave them current best practice guidance to ensure people received effective care and support with their food and fluids.

People's special dietary needs were met, such as soft diets for people who had difficulty swallowing. Food and supplements stored in the kitchen matched with people's preferences and dietary needs. These reflected what people had told us and the staff had a good knowledge of peoples individual requirements. Several people who used the service had been identified as being at risk of choking. There was guidance for

staff to follow about how to keep them safe. Staff were also knowledgeable about how to minimise the risk of choking, and who was susceptible. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy because staff worked effectively with other healthcare services. One person said, "I needed a doctor and they arranged it straight away. He regularly comes to see me now." A relative said, "A carer will come with us when we go to the hospital for appointments so that we don't have to rely on hospital transport." This gave the added benefit of staff being able to explain the person's care and support needs to the staff at the hospital. This was in addition to the use of documents such as hospital passports to record and share the care and support needs of the individual. The management had also introduced 'The National Early Warning Score' system (NEWS). This is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adults. This was implemented for staff to be able to more effectively identify acutely ill people, including those with sepsis, so they received the correct professional help as quickly and efficiently as possible.

To ensure a good standard of care, staff sought support from health professionals including the GP, community psychiatric nurse, speech and language therapists and occupational therapist. People's health was seen to improve due to the care and support of staff. There were no pressure ulcers/wounds on the units. Where skin care was required this was treated effectively. One staff member said, ''We take pressure sores seriously. Sometimes they come with them, but we work hard to heal them or stop them getting worse''. Evidence of this was seen where people's wounds were now healed due to staff care and support. There was a timely repositioning routine and body maps in related care plans. There was a culture of diligent skin care displayed by staff. One staff member said, "We often observe skin during personal hygiene time, and we look for any problems. Then we would work to lessen progress of problems and aim for recovery of good skin integrity."

People lived in a home that had adaptations made to meet their individual needs. Although space was limited, the service was designed to cope with most disabilities by including lifts, specialist baths, appropriate grab rails and handles, different height chairs and wheelchairs. Specialist beds such as profiling beds that could be electronically moved were also in place. There were different communal areas which people could access. Clutter was kept to a minimum to reduce the risk of trips and falls. The structural layout of the home meant that the main lounge and dining area was narrow. The space was used in the best way possible to maintain safety, and make it feel like less of a corridor. Chairs and tables were placed in a way to encourage conversation between people, and redecoration had been completed to make the area bright and cheerful. The provider had installed a new nurse call system to ensure people were able to effectively call for help or assistance if they needed it. The provider had a clear plan for refurbishment of the home.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person said, "I'm sure I can always do what I want." A relative who had power of attorney for care said, "I am always involved in any decisions involving my family member."

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff had an understanding of the Mental Capacity Act 2005 including the nature and types of consent, people's right to take risks and the necessity to act in people's

best interests when required. Staff asked for people's consent before giving care and support throughout the inspection.

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 are called the Deprivation of Liberty Safeguards (DoLS). Where people's liberty was restricted to keep them safe, appropriate applications had been made to the DoLS Board. People were supported in accordance with these DoLS authorisations. Examples such as people not having the capacity to make a decision to live at the home had been addressed under the DoLS.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "There are enough staff and they are all very helpful." Another person said, "The staff are all very good to me." Staff also felt they were looked after by the new provider. One staff member said, "We care and now work (management) cares for us. It is so different now, before it was not like that." At one point during the day a person said to a member of staff, "Don't forget to look after yourself." This was referring to drinks being given out. The staff responded by smiling at them and saying, "My job is to look after you guys first, then I'll look after myself."

Staff were caring and attentive with people. One relative said, "My family member has a good relationship with the staff." All the staff were seen to talk to people whilst carrying out their duties, or taking time away from their duties to talk with them. This caring attitude was seen from all the staff at the home on the day of the inspection, including the registered managers. The attentiveness of staff was seen where a staff member supported a person to eat their lunch. They were sat next to another person who began their meal eating independently. Once the staff had finished supporting the person they were with, they noticed that the person next to them had stopped eating. They asked if everything was alright, and if the person needed any help. They then supported the person to finish their meal.

Staff were knowledgeable about people and their past histories. Staff spent time with people showing care and concern for their wellbeing. Each staff member was assigned one hour a week to spend with one person to find out about their life and their likes and dislikes. One staff member said, "We are not expected to know everything at once when we start working here. We were given plenty of time to get to know people and read care plans and risk assessments." A key worker system enabled personal relationships to be formed with people allowing much greater thought and understanding of their needs and what was significant to them. This was incorporated into people's care plans. Throughout the inspection it was evident the staff knew the people they supported. Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us.

Staff communication with people was warm and friendly, showing caring attitudes during their conversations. All the staff were seen to talk to people whilst carrying out their duties, or taking time away from their duties to talk with them. This caring attitude was seen from the cleaning staff right up to the registered managers. An example of caring interaction was where one person was sitting with a replica cat on their lap. Staff sat with them and talked to the person about the cat and stroking it with the person. Another staff member saw that a person was dozing off. They gently placed their hand on the persons shoulder. They persons looked up and smiled at the staff member, who then gently moved the person hair behind their ear to move out of the way."

People were given information about their care and support in a manner they could understand. Information was available to people around the home, such as the correct time and date to help people orientate themselves. Other information on notice boards covered topics such as upcoming events that people may be interested in, as well as photographs of past events that people had enjoyed. Staff also gave

people information before they supported them. Before moving one person who was in a wheelchair the staff said, "I'm just going to move you away in your chair, is that Okay my lovely? Tell me when you are comfortable." When one person asked what the time was staff gave them the correct time and explained it was the afternoon. This helped orientate the person as they said they thought it was night time.

People, where ever possible were involved in decision making about their care and were supported to maintain their independence. One person said, "If I want to help they allow me to." Another person said, "There is always a good response if I need help." A third person said, "They make sure I have my walker close by." This enabled them to get up and move around with minimal staff support.

Staff treated people with dignity and respect. One person said, "The staff are very good, they're lovely and very caring about personal care." A relative said, "My family member likes to have the door closed when they are resting on the bed and the carers always do this." Staff demonstrated respect for people's privacy and dignity throughout the inspection. They ensured people were appropriately dressed for the activities they were taking part in. Ladies had makeup on and handbags with them if they wished. Gentlemen were clean shaven. Everyone had clean and tidy hair, so they would not feel embarrassed by their appearance when visitors came to the home, or if they went out into the community.

Bedrooms were personalised which made them individual to the person that lived there. One person said, "I am allowed to personalise my room." Another person said, "Our room is really like home." People were pleased with their rooms which had items of their personal furniture, cherished ornaments and personal photographs. These were also on display around the home, and contributed to the homely feel.

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs, and how people's care may be affected due to those beliefs. People had access to services inside and outside the home so they could practice their faith. People told us they could have relatives visit when they wanted, or go out with staff or with their relatives or friends when they wished.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. One person said, "They are always very helpful and provide what I need." People and those close to them were encouraged to contribute to the assessment and planning of care. When asked if they received the right care and support at the time they needed it everyone told us, "Yes."

Care plans were based on what people wanted from their care and support. Care plans covered people's strengths and levels of independence and their health and quality of life were measured. Information was logged in care plans about personal histories, individual preferences, interests and aspirations. People's relationships were also well-thought-out. The staff had plans to include people's culture, relationships and sexuality in their assessment to ensure the person had the opportunity to maintain important relationships and needs if they chose to. The care plans were detailed and included information about people's physical support needs, as well as histories and preferences to assist staff in identifying what was important to each person. For example, information about former careers and people's families. Reviews of the care plans were completed regularly by care staff so they reflected the person's current support needs.

Care plans addressed areas such as how people communicated and how their conditions may appear and affect their behaviour. They went into detail on how staff should respond, such as reassuring and talking to the person. Care given to people on the day of the inspection match with the guidance in the care plans.

People had access to activities to keep them entertained and stimulate their minds. People told us that the activities coordinator was very active and popular in this home. One person told us, "The activities lady is smashing." People we spoke with told us they enjoyed the variety of activities that were on offer. One person said, "A list of activities is always available, it keeps my mind occupied." A relative told us, "My family member likes to join in all the activities." People were also able to access the local community. People were supported to go for meals out at the village fish and chip shop. The registered manager said that the staff at the shop had been introduced to the people, and ensured there was space for them to have their meal there if they wished. People we spoke with confirmed that they enjoyed visiting the chip shop.

Activities were varied and addressed people's choice and also reflected what was going on outside the home. They ranged from fruit tasting sessions; live music; celebrating religious or cultural festivals; and arts and crafts. During our inspection people were active and entertained throughout the day. People were protected from social isolation and loneliness because of the social contact and companionship.

People were supported by staff that listened to and would respond to complaints or comments. One person said, "If I needed to make a complaint or have a concern I am happy to do that." A relative said, "I am perfectly happy to raise a complaint or any worry but haven't needed to." There was a complaints policy in place that was clearly displayed around the home. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman. There had been no complaints since the service registered with the CQC.

At the time of our inspection no one was being supported at the end of their life. Procedures were in place for when people were at the end stages of their life. These gave clear instructions on how staff would ensure that people would be cared for in a culturally sensitive and dignified way as recorded in care plans. People at end of life would be encouraged to remain in the home via the provision of any specialist equipment they needed. People would also be supported by palliative care specialists such as hospices and Macmillan nurses as well as the local GP surgery.

Good

Is the service well-led?

Our findings

There was a positive, person focussed culture within the home, which was reflected in our findings across all the five key questions that we asked. People stated that the service was well-led, and they were happy with the management. One person said, "The home is lovely, always things going on." Another person said, "The home is well managed, one of the best I think."

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion, such as the purchase of a new news call system.

Staff were confident in their roles and had a clear understanding of the values and visions of the service. One staff member said, "These managers are the best thing to ever happen here. They are amazing." The registered managers were seen around the home on inspection day and had a good rapport with people and staff. They had a hands-on approach and knew the people individually. Staff were positive about the management's style and said they were 'approachable'. Staff reported they would feel able to whistle-blow or make suggestions or complaints if necessary. Staff were happy in their work, were motivated and had confidence in the way the home was now managed. Staff felt well looked after and understood their roles and appreciated what was expected from them. Staffs kindness and compassion demonstrated over the course of the inspection reflected the vision and values given by the management.

People, their relatives and health care professionals were asked for feedback about how the service was managed and if any improvements were needed. Regular resident meetings took place to ensure people had a say in what was done at the home. One relative said, "There are meetings every three months. These are good for meeting other relatives as well as discussing the home." These were used to share information, as well as seek feedback and ideas from people.

Staff were involved in how the service was run and improving it. Staff told us, "I am so happy with the change. I now want to work here. We were informed at every stage. The change in management has made this an excellent home." Staff were empowered to contribute to the high quality of the service and therefore had a sense of ownership and desire to deliver high quality care. For example, policies and procedures were reviewed annually or when changes were needed and available to staff on each floor to consult.

The registered managers were aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. The management of records had greatly improved since the new provider had taken over the home.

Partnership working with other agencies was key for the registered managers. They used these partnerships to evolve and improve the home for people. At the time of the inspection the staff were working with the

social services teams on a number of initiatives around the home.

The management were keen to learn from past errors to improve and ensure the home was sustainable and met people needs. A relative said, "The new management are very good, easy to talk to and take on board suggestions and give good feedback." The registered managers said, "We took ownership of the problems the home had. We have a saying, if the families or people say something to us, believe that there is a problem and work with them to try to resolve it." The changes and ongoing plan to further improve the home demonstrated the new owners had a clear understanding of running an efficient and caring home that met people's needs.