The Adelaide Lodge Care Home Limited Liability Partnership

Netherhayes Care Home

Inspection report

Fore Street
Seaton
Devon
EX12 2LE

Tel: 0129721646
Website: www.netherhayes.co.uk

Date of inspection visit:
24 May 2016
31 May 2016
01 June 2016

Date of publication:
29 July 2016

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

Netherhayes Care Home is registered to provide accommodation for 28 people who require personal care. The service provides care and support for people who were living with varying degrees of dementia. This inspection took place on 24 and 31 May, and 1 June 2016 and was unannounced. There were 27 people living at the home at the time of the inspection.

We last inspected this service on the 24 November and 9 December 2014 and we found the service was not meeting the requirements of the regulations we inspected at that time. We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Where people did not have the capacity to consent or make decisions, the provider had not acted in accordance the Mental Capacity Act (2005) and Deprivation of Liberty safeguards. Risks to people and staff from people with behaviours that challenged the service were not always identified or well managed. Improvements in staff training were needed to ensure staff were supported to acquire and maintain skills and knowledge to meet people's needs effectively and safely. Improvements were needed in management of topical creams and ointments. Quality assurance and audit processes were in place to help monitor the quality of the service provided. However, improvements were needed as some of the shortfalls we identified had not been recognised or dealt with. The overall rating for the service was 'requires improvement'.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to ensure that the areas that required improvement had been met. We found significant improvements had been made.

Since the last inspection a manager had registered with the Care Quality Commission (CQC). 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.

People using the service, relatives and professionals said the service was well managed by the registered manager. Relatives and visiting professionals provided positive feedback about the service and improvements achieved since the last inspection. Staff said the registered manager was very supportive and good improvements had been made since their arrival.

People said the staff were kind, friendly and respectful towards them. People said they felt safe at the service. Comments included, "I am very happy here. Staff are kind and gentle"; "I speak my mind. It is very good here…here I get all the help I need" and "I am confident with staff. I know they are well trained." Staff had developed positive and caring relationships with the people at the service and clearly knew them well.

There were systems in place to protect people from harm and abuse. The staff team understood their responsibilities under safeguarding. The registered manager responded appropriately to any concerns.

Medicines were safely managed and staff were trained and competent to deal with medicines. There were suitable plans in place to deal with any emergency situations. Risk assessments were in place to ensure the care and support provided was safe. Accidents and incidents were monitored for trends and themes.

Recruitment practices were followed to ensure that all staff were suitably qualified and experienced to work at the service. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and demonstrated a very good understanding of how this impacted on their practice.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs and preferences.

People knew how to complain about the service if necessary and there was information displayed about how to make a complaint. People said they would be happy to speak with the registered manager about any concerns. They were confident their concerns would be listened to and acted upon.

People were involved in the planning and delivery of their care and support. All confirmed that routines were flexible. People were offered various activities and they were supported with their social interests.

The registered manager had provided consistent leadership and was a good role model for all staff. A positive and open culture had been developed by the registered manager. There was an appropriate system in place to monitor the quality of the service and respond to people's suggestions for improvements.

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.

Assessments were undertaken to ensure risks to people who used the service were identified and action taken to reduce reoccurrence.

There was sufficient staff to ensure people were provided with the care and support they required. New staff were recruited in a safe way to ensure they were suitable to work in the service.

Staff were knowledgeable about how to identify and report abuse.

Medicines were handled safely and appropriately.

Is the service effective?

Good

The service was effective.

People's wishes and consent was obtained before care and support was provided. Mental capacity assessments and best interest decisions met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.
People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff were kind and caring.

Staff knew people well and respected their choices and decisions.

People were supported to maintain their independence and control over their daily lives.

Is the service responsive?

Good

The service was responsive.

People were involved in the development of their care plans and records reflected their needs and wishes.

People were able to participate in activities which were meaningful and enjoyable to them.

There was a complaints policy in place to enable people's complaints to be addressed. People using the service, relatives and staff were aware of the complaints procedures.

Is the service well-led?

Good

The service was well-led.

People, staff and health and social care professionals were very positive about the registered manager and how the service was managed. Significant improvements had been achieved at the service since the last inspection.

Staff were well supported by the registered manager and provider. Communication between staff was good, which benefited the people living at the home.

There were quality assurance systems in place to identify where improvements were required and action was taken to improve the service.

Netherhayes 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 inspection took place on the 24 and 31 May, and 1 June 2016 and was undertaken by one adult social care inspector and medicines inspector.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We met most of the people who lived at the service and received feedback from 11 people who were able to tell us about their experiences. During the inspection we used different methods to help us understand people's experiences. These methods included informal observation throughout the inspection. We also spoke with three relatives to ask their views about the service.

We spoke with seven staff, including the registered manager; care staff; ancillary staff and the training co-ordinator. We also met with the provider during the feedback session about the outcome of the inspection. We received feedback from a community nurse, GP and social services manager who visited the service regularly.

We reviewed the care records of three people and a range of other documents, including medicine records, three staff recruitment files and staff training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection on 24 November and 9 December 2014 we rated this key question as requires improvement. This was because risks to people were not always well managed, especially in relation to people who may display behaviours that challenged the service. Not all aspects of medicines were managed in a safe way.

The provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation. At this inspection we found improvements had been achieved as described in the provider's action plan.

People using the service, their relatives and visiting professionals said the service was safe. One person said, "It's not at all bad here; everyone is very pleasant. I have no reason to think I am not safe." Another said, "I have been at other homes. This is the only home I have felt safe in." A relative commented, "You wouldn't find a better place than here…when I go home I feel (my relative) is 100% safe." Visiting professionals said they had seen significant improvements at the service since the appointment of the registered manager. One said, "(The registered manager) has done wonders here…the service has improved massively…" Another said, "The service is safe. The manager is proactive and we have developed good communication… there have been great improvements…I would recommend this service now…"

Risks to people's health and well-being had been assessed and recorded along with detailed instructions for staff to ensure risks were minimised. Up to date risk assessments were in place regarding physical, psychological and environmental risks. Risks related to moving and handling, pressure damage and nutrition were clearly written and reviewed on a regular basis. Where advice from external professionals had been sought, this was included in the risk assessment and care plan documentation. For example, one person had swallowing difficulties which placed them at risk of choking. A referral had been made to a speech and language therapist (SALT) and their advice had been incorporated into the person's care records. Staff were aware of the precautions to be taken to ensure this person was safe. The registered manager and staff confirmed that none of the people currently living at the service had aggressive behaviours which challenged the service. One social care professional said, "The manager is solution based. They work well with us. The service is flexible, helpful and the manager is unflappable."

People's medicines were looked after and given safely. Staff had received medicines training. The provider checked the competency of staff to make sure they gave people their medicines safely. Staff gave people their lunchtime medicines in a safe and respectful way. Staff explained what medicines were for and asked people if they needed medicines prescribed to be taken 'when required', such as those for pain relief. Additional information was available to help staff give 'when required' medicines safely. Staff recorded the medicines they had given and the reason if a medicine was not given.

People said their medicines were always available for them and staff gave them at the correct times. One person told us they had no problems, if they wanted anything they just asked. Systems were in place so staff could check that medicines had been given as recorded. We checked seven packs of medicines and found

these confirmed the records staff had made. Some people were prescribed a medicine that needed additional monitoring and regular blood tests. Staff kept the results of the most recent blood test and the current dose with the administration records; so staff were able to ensure they always gave the correct dose.

Two people had agreements in place for staff to give their medicines covertly. This meant staff could disguise the medicines in food or drink to make sure they took them. Safeguards were in place to protect people and make sure this was in their best interest. However, it was not clear from the administration records whether staff gave the medicines covertly. Staff told us both people took their medicines normally at present, apart from one liquid medicine at night for one person. Staff gave this medicine in a drink, but had not checked this was a safe method with their pharmacist. Staff immediately contacted their pharmacist, who confirmed this was safe.

Some people were prescribed creams and ointments, which were kept in their rooms. Care staff applied these preparations when they provided personal care. We looked at three people's records for these preparations. Records included body maps to show where staff should apply these preparations. Staff had recorded the applications of these medicines, although we found the record for one cream, prescribed to be used three times a day, was often only completed once a day. Staff told us this person often declined the use of the cream at other times of day. They had not recorded this information, so could not demonstrate staff had offered the cream correctly.

Medicines were stored securely. Suitable arrangements were in place for medicines, which needed additional security. Records for these medicines were checked regularly and showed they were looked after safely. A medicines refrigerator was available. Staff checked the temperature to make sure it was safe for storing medicines.

Incidents and accidents were reported using the registered providers reporting system. This information was then reviewed by the registered manager to identify if trends were occurring. Where necessary action was taken to reduce risks, for example a review of aspects of the environment.

The registered manager and a person living at the service accompanied us on a tour of the premises. People were cared for in an environment which was generally safe. We found two wash hand basins where the water temperature was above that recommended by the Health and Safety Executive (HSE). One tap had a time limited flow, so reducing the risk of scalding. The registered manager took immediate action to address the risk, including completing a risk assessment. A plumber was also contacted to regulate the water temperatures in the hand basins. The registered manager set up weekly monitoring of hot water outlets to ensure action was taken swiftly when needed. The water temperatures in emersion baths was satisfactory and did not pose a risk of scalding.

There were enough staff to care for people safely and meet their needs. People said, "There are always staff around and they come quickly if I need them"; "The staff never rush me. I can have a bath when I want. They take me to town and to the shops. I think there are plenty of staff to help us" and "Even if on occasions they are short staffed I get the care I need and staff always seem happy." Another person said staff checked on them every two hours over night, which they described as "a comfort." Relatives also said they felt there were sufficient staff on duty to meet people's needs and requests. One said, "The staff are always popping in and out to check (person)." Visiting professionals did not have any concerns about staffing levels.

The registered provider used a tool to assess people's needs, which in turn helped to determine the number of staff hours needed. A review of the staff rota from May 2016 showed the provider's preferred staffing levels had been maintained. Where there was short notice sickness, this was covered by existing staff. The

registered manager explained that staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. The provider also employed a number of ancillary staff such as a cook, housekeeping staff, a maintenance person and an activities coordinator. As a result of recent dementia care training a new post had been created, "house butterfly" to provide one to one support and activities for people.

Recruitment checks were carried out for all prospective staff members to ensure they were suitable to work at the service. Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where a DBS had not been received prior staff starting work at the service, the registered manager had obtained references and completed a risk assessment. Applicants for jobs had completed application forms, supplied appropriate references and employment histories. Staff had been interviewed for roles within the service to ensure they were suitably experienced and qualified.

People were protected from the risk of abuse. The registered provider had policies and procedures in place to guide staff in relation to safeguarding people from abuse. Staff had received training relating to safeguarding matters and they had a good knowledge and understanding of safeguarding issues. Staff were aware of how to raise concerns, including who to contact outside of the service, such as the local authority or the CQC.

The registered manager was aware of their responsibility in relation to safeguarding. Where necessary, alerts had been made to the local authority and notifications sent to CQC. None of the people we spoke with raised any concerns about their safety at the service. Since the last inspection 80% of the staff team had completed training about managing behaviours which may challenge the service. Staff had learnt how to use safe breakaway techniques and basic de-escalation techniques to support people safely should people become distressed. Staff confirmed that restraint was never used to manage people's behaviour.

The registered manager had taken steps to reduce the level of risk people were exposed to. Personal Emergency Evacuation Plans (PEEPs) were in place for people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Good

Is the service effective?

Our findings

At the last inspection on 24 November and 9 December 2014 we rated this key question as requires improvement. This was because staff did not have all the knowledge and skills they needed to support people's care and treatment needs. People did not consistently experience care, treatment and support that met their needs and protected their rights. This was because staff did not understand and were not acting in accordance with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS).

The provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation. At this inspection we found improvements had been achieved as described in the provider's action plan.

People said staff respected their choices and wishes. They said they had choices about their care and daily routines. One person said, "I can do as I like; I go out when I want and I don't feel stuck in here, not like other places I have lived." Another said, "I have freedom here. I can go to town when I want…" Staff sought people's agreement before providing care or support. This included support about when they got up in the morning; where they spent their time, what they ate and drank and what activities they participated with. A visiting professional commented, "Staff respect people's autonomy, they support people but within safe boundaries…"

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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's capacity to make decisions had been assessed. Where needed, best interest decisions had been made by external professionals, relatives and staff on people's behalf. For example, where people received their medicines 'covertly'. This means medicine is given in food or drink to disguise it. People's ability to understand the consequences of declining their medicines had been assessed and considered before the best interest decision had been made.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed and records reviewed showed that eight DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

The registered manager and staff had received training in relation to the MCA since the last inspection and all demonstrated a very good understanding of the principles of the Act. Staff were able to describe how this impacted on their daily practice; how to involve people in decisions about their daily care and support and

how to determine people's capacity.

Records showed staff received training and support to enable them to do their job safely and effectively. Since the last inspection the provider had employed a qualified full time training co-ordinator. The training co-ordinator designed and delivered much of the comprehensive training programme throughout the year. Training was recorded on a database to ensure core training was kept up to date. Records showed training included topics to help staff work safely, such as safeguarding; moving and handling; health and safety; fire safety and infection control. Other training related to the specific needs of the people using the service was also undertaken, for example, dementia care; managing challenging behaviours and person centred care. As the training programme ran throughout the year the registered manager could ensure staff had access to timely training and up-dates.

Staff were very positive about the training and support they received. Comments included, "Since the new manager and trainer joined us we have much more support. This has helped to improve the standards and helped us to keep people safe…"; "There have been a lot of changes. We now have great training and support…" and "Before training was slack, now we are offered weekly sessions. There is a whole programme and always something going on. Things are much better."

People using the service, relatives and visiting professionals expressed their confidence in the staff team's skills and competence. One person said, "I know they (staff) are well trained because of the way they are with me." A relative commented, "I trust the staff. I feel (person) is very well looked after and I have confidence in them all." Professional comments included, "Staff understand people's needs and know people well…staff competencies have improved. They have received lots of training and this comes across in their knowledge" and "They are investing in the staff and it shows…" This showed people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

All new staff completed an induction when they started in their role. Staff said they had received induction training, which provided them with essential information about their duties and job roles. The registered manager said new and inexperienced staff were supported to complete the Care Certificate. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities. New staff also shadowed experienced staff, and did not work on their own until they were confident and competent to do so.

Staff received regular supervision with the registered manager to enable them to discuss issues about work or training, and to receive feedback about their performance.

Visiting health professionals said people's health needs were well monitored and referrals made to them were appropriate and timely. One said, "Our relationship has improved with the service. Communication is very good, there is always someone available to assist us when we visit and staff go out of their way to help." Another said, "We had concerns in the past but with the new manager things have been very good. They are proactive and make good use of our time. They are good at recognising when people's needs change and where they unable to meet people's needs."

People's care records showed their health needs had been assessed and were being monitored. People had access to a variety of healthcare services and professionals according to their specific needs. One person said the registered manager had helped to organise their hospital appointment, including providing transport for them. They added, "She (the registered manager) is a very good woman…"

The records showed people attended hospital appointments when needed; some had seen the dentist;

chiropodist; community and specialist nurses and speech and language therapists (SALT). Speech and language therapists provide treatment and support for people who have difficulties with communication, or with eating, drinking and swallowing. Where professionals had made recommendations or given guidance, this had been incorporated into the people's care plan.
Staff had sent letters to people's doctors asking them to review their medicines and confirm they were still correct. This helped to ensure that people had regular medicines reviews and received appropriate treatment. Staff had contacted a specialist nurse to see one person with a particular medical condition, to review their treatment. Staff had recorded details of the advice given in the person's care plan. This person said they were very happy with the care and support provided to them.

People were supported to have a varied and balanced diet. The main meals, served at lunchtime, were provided by an external catering company. They were delivered frozen and the service had special ovens to re-heat the food safely. At the last inspection people gave mixed feedback about the chilled meals and some relatives had raised concerns about the food in the past. In response to this the provider had organised additional taster sessions with the catering company. The registered manager was monitoring any negative feedback from people. All of the people we spoke living at the service as well as relatives said the food was good and choices were always available. Comments included, "The food is quite good, there is always plenty to eat. I am never hungry and I can help myself to snacks"; "Food is good quality and good variety"; "The food is always delicious" and "Very good food here, good choice. There is nothing I don't like." One relative had lunch at the service regularly and they described the food as "very good."

People's nutritional needs were identified and monitored. Nutritional assessments had been completed, and people's dietary needs and preferences were recorded. There was a varied menu and specialist diets were catered for, for example, soft or pureed meals, diabetic and vegetarian options were available. People could eat at their preferred times and were offered alternative food choices depending on their preference. Some people had a cooked breakfast, which they said they had enjoyed. One person said they had a "late start to the day" and they were enjoying a full cooked breakfast just before lunch time.

Mealtimes were relaxed and people were considerately supported when moving to the dining areas and during the mealtime. Some people chose to eat in their bedroom or the lounge. People ate at their own pace. Staff were available to assist people who required support or wanted extra food or drinks. Regular drinks, snacks, cakes and fresh fruit were offered during the morning and afternoon. Various other snacks, such as crisps, biscuits and chocolates were located around the communal areas for people to help themselves and we saw people helping themselves to snacks. One relative commented, "There is no fear of dehydration here…staff are always offering a cuppa or drinks…"

At the last inspection we found the decoration and adaption of the service was not particularly well suited to the needs of people living with dementia. At this inspection we found some improvements had been made. The layout of the dining area and main lounge had been changed to make them more personal and homely. There was signage in place to direct people to areas such as the toilets and bathroom; one person said they found this particularly helpful. There were familiar objects of reference displayed around the communal areas, which prompted memories and conversations. The registered manager recognised there was more to be done and was keen to continue improving the environment.

Some adaptations to the environment had been made to meet people's physical needs. People could freely access the secure and level garden area. There were several seating areas in the garden and we observed that people enjoyed using the garden space. The service had a range of equipment, including hoists for transferring people, from their bed to a chair. Toilets had raised seats as necessary, and grab bars which provided support for people to enable them to retain their independence. Bathroom had been adapted to

suit people's needs.

Good

Is the service caring?

Our findings

At the last inspection on 24 November and 9 December 2014 we rated this key question as requires improvement. This was because some aspects of people's care were not always managed in a way that promoted their dignity. We found improvements had been made at this inspection.

The registered manager said she had recognised some practices at the service had become 'institutionalised' at the time of the last inspection. They explained they had worked with the provider to "empower" the staff team to deliver more personalised care.

Since the last inspection 20 staff had completed dementia care training and 23 had attended a session on 'culture change in dementia care'. Staff said this had improved their understanding of how to deliver personalised care. The registered manager had attended 12 development meetings designed to support services preparing for 'Butterfly' status. This is a scheme of dementia care standards designed by an organisation called 'Dementia Care Matters'. The 'Butterfly' project provides the opportunity to implement a holistic approach to improving the culture of care. The project provides a focus on improving the experience for people living with a dementia through a mix of the methods, including enabling and stimulating environments and meaningful occupation and activities. The registered manager explained the scheme's quality checklist had not been applied to the service but that the principles of the scheme were being implemented. We observed some of these principles in practice during the inspection. For example, there was a high level of positive engagement between people and staff, and people were engaged in meaningful activities.

Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. When people showed signs of distress or restlessness staff approached them calmly and spoke with them in a reassuring manner. They listened to the people's requests and acknowledged their distress. Staff skilfully reduced people's anxiety and redirected their focus on to more positive things. On one occasion staff intervention resulted in the person taking staff by the hand and going for a walk, which enabled the person to settle. It was clear staff knew people well and recognised the best way to reduce anxiety and distress.

People said they were always treated with respect and dignity, and they enjoyed friendly relationships with the staff team. People spoke highly of the team and some individual staff members in particular. One person said "I think all of the staff are very nice. The young ones and overseas staff are really very good. You can have a laugh; they cheer me up. We have a nice relationship…" People were at ease with the staff team and the atmosphere during the inspection was a happy and relaxed one. A visiting professional said, "I feel the place is calmer…staff know people well…the atmosphere has totally changed…"

People said staff were polite, kind and caring. Comments included, "I am very happy here. Staff are kind and gentle with me"; "I get on well with all staff. They are all polite. I am happy with how things are here" and "The staff are lovely. They never rush me and they are always polite and friendly." Relatives echoed these comments. One said, "These girls here are marvellous. Couldn't be kinder…" Another said, "I think they

(staff) are very very good. Nothing is too much trouble. I am confident Mum is safe and well cared for."

People were supported to dress in a way that reflected their personality and promoted their self-esteem. For example, some females wore jewellery and had their nails painted. Two people said how much they enjoyed having the pamper sessions. Male residents were cleanly shaved where that was their choice and smartly dressed. One gentleman told us, "I like to be smart. Mum was always smart…" Two relatives said their family member was always nicely presented, looking clean and smart. One said, "They always make (person) look good…"

People had the privacy they needed. There were a number of communal spaces including the garden. One relative said how much they and their family member enjoyed the garden in the good weather. People were able to see their visitors in their bedrooms if they chose to do that. Healthcare professionals said they could see people in private when they visited. People's private rooms were personalised with their belongings and memorabilia.

Staff supported people to maintain their independence as much as possible. Some people were encouraged to visit town independently. One person explained how important it was to them to retain their independence. They said, "This is the right place for me. A good balance between the support I need and the freedom I want." People had the necessary aids to promote their independence, for example walking aids. People were observed freely moving around the service and spending time in the communal areas and the garden.

Relatives and visitors were welcome at the service, and were free to come and go as they pleased and stay as long as they liked. One relative explained they visited almost daily and had lunch at the service three times a week. They said they always felt welcomed and were offered refreshments and included in activities. They added, "I would recommend this place. I have every confidence (the person) is well cared for."

People were supported at the end of their life to ensure they were comfortable and pain free. People's wishes regarding their end of their life care had been discussed with them or a relative where people felt able to talk about this. Treatment Escalation Plans (TEP) were in place. These recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

A local GP had written to the service twice to thank staff for the "excellent" end of life care and "high standard of care" two people had received at the service. Another specialist health professional wrote to the registered manager to express how impressed they and their team had been with the "holistic care the patient received" at the end of their life.

Good

Is the service responsive?

Our findings

At the last inspection on 24 November and 9 December 2014 we rated this key question as requires improvement. This was because people were not consistently supported to be involved in making decisions about their care. People's care and treatment was more task centred on daily routines, rather than focussed on people's individual needs and preferences.

We found improvements had been made at this inspection. People were involved in making decisions about how their care and support was provided, and care and support was provided in a personalised way.

People said they received care that was personal and responsive to their needs. One person said, "It is lovely here. Absolutely beautiful. I enjoy it. It is the best place for me." Another person said, "I have been in two other homes, they didn't work for me. This feels better. Yes my needs are met. I feel I get value for money here…" A relative said, "Mum is very happy here; she settled well. We have no concerns or problems."

People's needs and preferences had been assessed prior to admission to ensure the service could meet the identified needs. People said the registered manager had visited them prior to their move to Netherhayes to speak about their needs and the services offered. One person said, "(the manager) came to speak with us. That was very reassuring."

Where possible people had been involved with planning their care. Relatives had also been involved where appropriate. Two relatives confirmed they felt involved in their family member's care. They said communication with the staff team was good.

Care plans were written in a sensitive way and recorded information about each person's health and care needs, and their likes and dislikes. Care plans detailed the things people could do independently and the aspects of their care they required support with. Where people had a particular health condition, for example Parkinson's disease, there was specific information and guidance about how this affected the person and what staff could do to support them. Staff said care records contained enough information for them to understand how to deliver care to people in a way that met their needs. Daily handover meeting between shifts ensured staff were aware of changing needs. Staff were clearly aware of people's individual preferences for daily routines as identified in their plan of care.

Some people's care plans included personal histories. The activity co-ordinator was in the process of completing others with the help of family and friends where appropriate. This enabled staff to provide support in a way that was personalised. For example, staff had a good understanding and knowledge of people's past lives and could relate this information to people during conversations.

Daily notes were detailed and sensitively written. They showed that consent had been sought for care and support delivered, and they reflected on the person's mood, wellbeing and activities for the day. A visiting professional said the records had improved "greatly", meaning it was easier to assess people's needs and provide appropriate advice for staff.

Since the last inspection the weekly hours of the activity co-ordinator had been increased to four days a week. The "house butterfly" (a role created to provide one to one support and activities for people) was also being introduced and would provide additional social opportunities on two afternoons a week and every Wednesday. The activities person explained they had involved people when planning events. Organised activities were offered four days a week. These included pamper sessions, knitting, gardening and art club; cinema afternoon and singing sessions. In response to feedback using the service and relatives, singing had become a regularly enjoyed feature. A relative said, "There is nothing as good as a good sing-song…" The provider had obtained song books with familiar tunes from the 1930s and 1940s. Several people took part in a singing session, which was very much enjoyed judging by their participation and smiles. Memory quizzes and reminiscence sessions were also held regularly, which the activities person said were popular with people. People were also supported to visit the local town in order to visit shops and cafes.

Several people liked to read various daily papers. One person said, "This (the paper) keeps me going…" People were aware that various organised activities were on offer but some people said they chose not to join in. One said, "I always know what is going on but I prefer to do my thing."

Staff were supporting people to exercise their vote in the referendum. People had been registered to vote and the registered manager had printed information about both the 'in and out' campaign. The activities co-ordinator shared this information with people, which triggered conversations about current affairs.

People were aware of how to make a complaint. People using the service and their relatives said they would speak with the registered manager if they had any concerns. All were confident the registered manager would listen and deal with any concerns. The registered manager also met with people informally on a regular basis to obtain their feedback about the service. People knew the registered manager well and all expressed confidence in them. No complaints or concerns were raised with us during this inspection.

When concerns or complaints were raised, the registered manager and/or the provider investigated and responded to people's complaints. The registered manager said they viewed complaints as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Five complaints had been received since the last inspection. All had been acknowledged, investigated, responded to and resolved.

Since the last inspection the service had received several 'thank you' cards and letters, which showed the service was delivering personalised care. Comments included, "A big thank you…for your kindness, care and patience" and "We are most grateful that (person) was so well looked after at the end (of their life)".

Good

Is the service well-led?

Our findings

At the last inspection on 24 November and 9 December 2014 we rated this key question as requires improvement. This was because there was no registered manager in post. Monitoring systems were not fully effective as they did not highlight some of the issues we identified during the last inspection.

The provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation. At this inspection we found improvements had been achieved.

A manager had been registered with the Care Quality Commission since January 2015. People using the service, their relatives, professionals and staff were all positive about how the service was managed. They described the registered manager's approach as helpful, proactive, approachable and supportive. One person said, "(the registered manager) is very good…she listens. I think this is a happy home…" A professional commented, "Since (the registered manager) has been here it has been very good…I would recommend the service now…"

The registered manager promoted a positive and open culture within the service. They were accessible and spoke with people and their families on a regular basis. People and their relatives said they could approach the registered manager if they had any problems, and that their suggestions or concerns would be listened to. One person said, "I speak with (the registered manager) regularly. She is very good…" Another said, "This is a happy place. I have made friends…" Visiting professionals said the registered manager and staff were open to their suggestions and recommendations. One said, "The atmosphere has totally changed…it is lovely to come in here…we have no concerns."

Staff said they felt valued and well supported. There were clear lines of communication between the registered manager and the staff team; a number of communication methods had been developed. There were regular staff meetings, briefings and supervision, which enabled staff to share information about any changes or exchange ideas for improvements. The registered manager said, "Now staff are involved, their opinions are valued. I need their support and input. We are a team." A staff member said, "Before (the registered manager) came we were not supported. Now we work as a team and we are aware of the high standards needed to keep people safe. We are glad (the registered manager) came here…" Another said, "There have been a lot changes here. We have great equipment and training now… (The registered manager) has an open door policy and listens to us. She has implemented changes for the better…"

The provider sought feedback about the service from people living there, their relatives and friends, external professionals and staff. Surveys were used as one way of capturing their views. Results from 'residents' surveys completed in January 2016 showed the majority of people had rated all aspects of the service as "very good" or "good". The results of the relatives' survey showed there had been improvements to all aspects of the service. The results of the surveys were shared with people and their families during a 'family meeting' and a copy of the minutes from the meeting were displayed on the information board for all to read. The registered manager and provider had responded in a positive way to people's suggestions. The registered manager had taken steps to improve a number of issues, such as improving staff presence in

communal areas within the home, which reduced incidents and altercation. An open culture was also being promoted.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all reports, which provided them with a monthly overview of any emerging patterns or trends. The registered manager had introduced a 'significant events analysis', which was used to reflect on each incident and consider any learning or actions needed as a result of the incident/accident.

Regular audits were completed by the registered manager, senior staff or the provider's representative to monitor the quality of service. These included health and safety, infection control, medication, and premises checks. Actions resulting from the audits were recorded and checked by the registered manager or senior staff to ensure they had been completed. For example, staff carried out monthly checks of the arrangements for storing medicines, care of medicines needing additional security and people's medicines administration records. The most recent checks highlighted some actions to improve the medicines administration records. For example to ensure that any medicines allergies were included on people's medicines records. Staff told us they had sent the information to their pharmacist so it could be included on the next month's printed record sheets.

People benefitted from the partnership working developed with other professionals This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement, for example GPs and specialist nurses. Professionals contacted as part of the inspection said the service made appropriate referral and always acted on their advice or recommendations.

Records reviewed during the inspection, for example staff files, care records, daily notes and audits were up to date; all records requested during the inspection were readily available. Staff personnel records and individual care records were securely stored.

The registered manager was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service, such as unexpected deaths, serious injuries and allegations of abuse. The commission had received appropriate notifications, which helped us to monitor the service.