Care Quality Commission

Colten Care (1993) Limited

Abbey View

Inspection report

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Date of inspection visit:
10 October 2016
11 October 2016

Date of publication:
04 November 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

This inspection took place on 10 and 11 October 2016 and was unannounced.

Abbey View is registered to provide accommodation and nursing or personal care for up to 52 people. There were 51 people living at the service at the time of inspection. The home is situated in Sherborne and offers accommodation split over two floors. There are communal lounge and dining areas and a café and hairdresser on the ground floor. There is lift access to the first floor and some bedrooms have an ensuite. There is a garden to the side of the service which people are able to use and the main entrance is wheelchair accessible.

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

People felt safe at the service, they were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of how to whistle blow if they needed to and reported that they would be confident to do so.

People had individual risk assessments but these were not always recorded accurately. Staff were aware of the risks people faced and their role in managing risk. The registered manager had a plan in place to improve the consistency of recording.

Where referrals to healthcare professionals were required, these were made promptly.

There were enough staff available and people did not have to wait for support. People had support and care from staff who had been safely recruited and understood their needs. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs.

Medicines were given as prescribed and stored securely.

People were supported by staff who had the necessary training and skills to support them. Training was provided in a number of areas and refresher sessions were booked for certain topics on a regular basis. We identified that more specialist training would be of benefit and the registered manager arranged this promptly.

Staff understood and supported people to make choices about their care. People's legal rights were protected because staff knew about and used appropriate legislation.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely this was in place.

People felt that staff were caring and told us that they had choices about their care. Staff understood their role in supporting people to make choices. We observed that people were relaxed with staff and there was a friendly atmosphere.

People were supported by staff who respected their privacy and dignity.

People were supported by staff who knew their likes, dislikes and preferences. Staff told us that they communicated well and there were regular handovers at each shift change. There were clear processes in place for each shift and staff knew their roles and responsibilities.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff.

Relatives told us that they felt welcomed at the service and people and relatives said that they would be confident to make a complaint or raise any concerns if they needed to.

The service was well led and we were told that the registered manager was approachable and took action if changes were needed. Staff were encouraged to raise ideas and suggestions and demonstrated the core values of the service during the inspection.

Quality assurance measures were regular and completed both on an organisational and service level. Information was used to identify issues or trends and actions were planned and taken in response to this.

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.

Individual risk assessments were completed to ensure that people were looked after safely and staff understood their role in managing those risks.

People were protected from the risks of abuse because staff knew how to recognise and report concerns and were confident to do so.

People were supported by staff who had been recruited safely with appropriate pre-employment, reference and identity checks.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People who were able to consent to their care had done so and staff provided care in people's best interests when they could not consent.

People were cared for by staff who understood their needs and felt supported and valued.

People at the service told us that the food was good and they had a choice about what they wanted to eat.

People had access to healthcare services promptly when needed

Is the service caring?

Good

The service was caring

Staff knew people well and were aware of their likes, dislikes and preferences.

People told us that they had choices about their care and staff understood their role in supporting people to make choices.

People were supported to maintain their privacy and dignity.

Is the service responsive?

Good

The service was consistently responsive

People enjoyed a range of activities and there was support for people who preferred to not join group activities.

People and relatives knew how to raise any concerns and told us that they would feel confident to do so.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

Is the service well-led?

Good

The service was well led.

People, relatives and staff felt that the registered manager was approachable and had confidence in the management of the service.

Feedback was used to highlight areas of good practice or where development was needed. Information was used to plan actions and make improvements.

Quality assurance measures were providing a clear picture of trends or gaps in practice and actions required were identified and acted upon.

Care Quality Commission

Abbey View

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 11 October 2016 and was unannounced. The inspection was carried out by an inspector and a specialist advisor on the first day, and by a single inspector on the second day. The specialist advisor had a nursing background and knowledge and experience in quality assurance and general clinical skills.

The provider had completed and returned a Provider Information Return(PIR. The PIR is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. In addition we reviewed notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also spoke with the local authority and Clinical Commissioning Group quality improvement teams to obtain their views about the service.

During the inspection we spoke with five people using the service, seven relatives, one visitor and one healthcare professional who had knowledge about the service. We also spoke with six members of staff, the registered manager and the quality assurance manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices. We looked at the care files of four people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment, training records and registration of trained nursing staff. Other records we looked at included Medicine Administration Records(MAR), emergency evacuation plans and quality assurance audits.

Good

Is the service safe?

Our findings

Staff understood the risks people faced and their role in managing these, however peoples risks were not consistently recorded accurately. For example, a person had a risk assessment around the use of a piece of equipment. The assessment had not been correctly completed and it was not clear whether this was a high or medium risk. Staff however, knew the risk around this equipment and their role in managing the risks and there was no impact on the person from this recording inconsistency. The registered manager was aware that there were some improvements required in the accuracy in recording and had a plan in place to manage this. For other people, we saw that there were individual risk assessments considering areas including pressure care and falls. For people who used a special type of chair, the registered manager explained that they had identified a risk this posed to people and there were risk assessments in place identifying whether the person was at risk with this piece of equipment. Staff were able to tell us who was at risk of developing sore skin and how they managed this risk. A person told us that they had had some falls and that staff reminded them to walk with their frame and supervised them to manage this risk.

Some people at the service had wounds which required management by trained staff. Other people had a catheter which again, required management by staff. We saw that records gave details about how these people were to be supported, but good practice would require further detail including updates about the size of wounds and type and gauge of catheters. The registered manager told us that new documentation regarding wound care was being introduced by Colten care and they were in the process of changing the information over. The new documents had increased detail in line with good practice guidance. They also showed us a number of planned actions to improve the details recorded about people who used catheters. We saw that there were already audits in place highlighting the gaps in recording. The registered manager told us that the gaps would be looked at as part of the role of the new member of staff who was due to commence in post the following week. This demonstrated that the service had systems in place which highlighted areas for improvement and were working to address these.

Accidents and injuries were documented clearly and included details about any injuries sustained and body maps of these. Where an incident had been reported, this was then reviewed by the person in charge of that particular shift and after this, by the registered manager or clinical lead. This meant that there were two layers of checks to ensure that appropriate actions were taken and any patterns or trends identified.

People told us that they felt safe with the support they were receiving. One person told us that they felt safe living at the home. A relative explained that they felt their loved one was "safe and can move around more". Another relative explained that they had peace of mind that their loved one was well supported. Another relative explained how staff kept their loved one safe and said "Staff supervise and support them to sit safely in their chair, they are very careful". We observed a member of staff moving someone in a wheelchair. They offered verbal reassurance and checked to make sure their feet were on the footplates and their arms were not at risk of being knocked as they moved along the corridor. We also observed a member of staff being asked to keep an eye on one lady when they were left in the hairdressing salon on their own for a short period. This showed us that staff were aware of how to keep people safe and providing supervision for people where needed.

Staff understood the possible signs of abuse and how to report any concerns. One staff member told us about what signs they were aware of and looked for when they provided support to people. They were confident in explaining who they would report to and told us that they would make contact with the Local Authority or CQC if they felt their concerns were not being acted upon. Staff received regular safeguarding training and we saw that information about safeguarding was displayed in the staff room so it was easily accessible. Supervisions included conversations about safeguarding and prompted discussions about whether staff had concerns about the wellbeing of anyone they were supporting. Copies of the safeguarding and whistleblowing policies were kept accessible for staff, people and visitors and we saw that they contained relevant contacts for outside agencies. Staff told us that they would be confident to whistle blow if they needed to.

There were enough staff available to support people. We observed that people did not have to wait for support and that staff were able to support people when and how they wanted. The service had recently had a new call bell system installed and the registered manager was able to check monthly whether people had needed to wait for support, and the reasons for this. Staff carried pagers which went off when people called for help and we saw that some people had a pendant alarm which they wore around their neck. This meant that they were able to call for help wherever they were in the home and did not need to reach one of the wall mounted bells. The registered manager told us the staffing levels indicated by Colten Care and we saw that the home was staffed at a higher level than this because the registered manager identified that people needed a higher level of support. We observed that staff were visible and attentive. For example, we saw that one person had fallen asleep in their room and were in an awkward position, we checked again a few minutes later and saw that a staff member had gone in and provided them with a cushion to make them more comfortable. People told us that they did not have to wait for support and that there were enough staff.

Staff told us that they had the necessary equipment available to support the people living at the service. There were regular checks of equipment to make sure they were in good working order and set appropriate to each person. Where people needed a hoist to move safely, they had their own sling which was for their use only and meant that people were supported with the correct equipment to meet their individual needs. Staff told us that they were confident to use the equipment with people.

Recruitment records we looked at showed that appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service(DBS) had been completed. The registered manager told us that they did not have any current staffing vacancies. The service had a new clinical lead starting in post and we saw that this information had been shared with staff and people at the service.

Fire evacuation procedures were easily accessible. Each person had a person emergency evacuation plan (PEEP) which included details of what support they would need to evacuate the premises safely and any moving and assisting assessments which were in place for people. The emergency resource file contained relevant emergency contact numbers for services and contractors in the local area. There were regular checks on areas including the fire alarms, fire exits and extinguishers.

Medicines were stored safely and given as prescribed. We saw that people were supported by staff who had received appropriate training to administer medicines and that they followed safe procedures when giving people their medicines. Storage was safe and secure and medicines checked were in date. Some medicines required additional checks and we saw that these were carried out daily and random audits completed to check accuracy. We looked at the MAR (Medicine Administration Record) for five people and saw that the medicines correlated with the MAR. Two people had time specific medicines and we observed that these

were given before the main medicines in line with the prescribed times. Some people were prescribed pain medicine 'as required'. Staff were able to explain how they would identify whether the person was in pain and why they needed pain medicine. We observed one person who told staff that they didn't want their 'as required' medicine. The staff member made a note in the MAR to reflect this.

Good

Is the service effective?

Our findings

Staff received training in mandatory topics but did not always have training in particular health needs which people had. For example, some people at the service lived with Parkinsons Disease. The service did not offer training in this particular condition and a person told us that they were unsure whether staff understood how their condition affected them. The registered manager advised that they would arrange training in a number of specific areas including Parkinsons, Catheter Care and diabetes. The registered manager explained that some staff had received more specific training in their supervisions, but arranged more formal training opportunities promptly and confirmed the dates that these had been booked for. A health professional confirmed that the service had contacted them and requested that they provide some training for staff in their specialist area.

Mandatory training for staff was up to date and topics covered included moving and assisting, infection control, Mental Capacity Act and safeguarding. In addition, training had been arranged in basic life support, continence promotion, pressure care and dementia awareness. A staff member told us that they were offered additional training and was planning to attend the life support session. The registered manager also told us about links they had developed with a local college who were going to be offering end of life training to staff. This demonstrated that the service were using a range of training opportunities to ensure that staff had the correct skills and knowledge to support people living at Abbey View. Where we identified additional areas for learning, the service responded immediately and arranged this. This demonstrated effective management of the service.

People and relatives felt that staff had the necessary skills and knowledge to support them. A relative explained that staff had the skills to identify that their loved one was dehydrated and felt that staff were observant and knew the signs to look for with people they supported. Another relative said that "staff know what they are doing" when they were supporting their loved one. Another relative explained that staff had recognised that their loved one was not eating very well and was losing weight. Staff tried supporting the person with food in a different area of the home which worked well and the person's weight had stabilised. We observed that the person was being supported with a meal in the way their relative had described. A health professional told us that staff had a good understanding about the specific health conditions of a person they visited and had observed that staff were very good and patient with the person.

Staff told us that they were encouraged to develop and were supported to progress in their roles. One staff member explained that the service had supported them to start their training to become a registered nurse. Another explained that they were being supported to progress through a national qualification and credit framework. The registered manager explained that Colten Care had arranged a development day for trained nurses which was planned to be an annual event. It enabled trained nurses from various locations, including two nurses from Abbey View, to meet and share practice and learning. It also provided evidence towards the revalidation which trained nursing staff are required to undertake to maintain their professional registration. This evidenced that the service was effectively supporting staff to do this.

Staff received a comprehensive induction at the service and we saw that new staff were completing the Care

Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. One member of staff told us that their induction was "good and staff were very supportive".

Staff received regular supervision and had an appraisal annually. A staff member explained that staff "all have a named nurse who provides supervision", they went on to tell us that they received a pre-supervision plan and then used this as a basis for discussions in supervision. We saw that staff had group supervisions in certain topic areas and then completed learning logs which gave the opportunity to reflect on what they had learnt. For example, some staff had received a supervision around acute kidney issues and how these linked with good hydration for people. We saw a learning log completed by one staff member who had attended which explained that they had learnt how important fluid intake was for the people they supported. Other supervision topics covered in 2016 included diabetes, skin integrity and bruising and Parkinsons.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that people had assessments in place which identified if a person did not have the capacity to make a decision, and that a best interest's decision had been made in line with legislation. For example, one person had a capacity assessment to consider whether they needed bed rails to be used. The assessment was completed in line with MCA and the decision was clearly evidenced. There was then a best interest's decision made and an explanation given about the reasons for this. The service had made appropriate applications for DoLS for people but all were still pending at the time of the inspection. The registered manager explained that they had felt one application was more urgent and was able to explain the reasoning for this. There was clear record of DoLS applications that had been made and the date that these had been submitted. This demonstrated that the service was working within the principles of the MCA and understood when consideration of DoLS was required.

Staff sought consent from people to provide them with support. We saw that people's records had consent forms which were signed and dated to indicate whether people had agreed to their photograph being used and what it was to be used for. People told us staff always checked with them before providing support. One told us "they check if I'm happy to get up in the morning".

People, relatives and visitors told us that the food was good. One person said "the food is very good and there is quite a choice of things". Another person told us "The meals are very well cooked". Another said "I have a choice about what I have". The main dining area had a dessert trolley which was used so that people were able to make a visual choice about what they wanted. Relatives felt welcomed to stay for meals with their loved one and said that they were also offered drinks and sometimes used the café where they had access to drinks and snacks. The café at the home was an informal area where people or visitors could spend time and the registered manager said it was sometimes used by people and their families for meals.

Where people needed a particular type of cutlery or crockery, this had been provided which supported people to eat independently. People were offered a choice of drinks, including some alcoholic options if this was their preference. There were dedicated waiters and kitchen staff at meal times which meant that there were enough care staff to provide support for people who needed some assistance to eat their meals. The chef told us that they were trying a lactose free diet for one person due to a possible allergy and showed us a plan which indicated if someone needed a softer diet. For other people, a higher calorie diet was indicated and the chef explained that they fortified these meals accordingly. People's weights and other indicators of adequate nutrition and hydration were regularly monitored and there were systems in place to make sure that action would be taken if anyone became at risk.

People were supported to access healthcare services when needed. One person explained that the home had rung a specialist nurse when they had needed them to visit. Another told us that they were confident that staff would arrange for them to see a health professional if they needed to. A relative explained that their loved one had not been feeling well and the service had promptly called the GP and let the relative know. People's records had details of when health professionals had visited people and a relative told us that staff had suggested a referral to a health professional for their loved one, the service had then arranged these and they were working well for the person.

A health professional told us that staff were attentive when they visited and accompanied them to visit people. They said that staff contacted and sought appropriate advice where needed and that this was done promptly. We observed an ambulance arriving to pick up a person, the staff were aware and had ensured that the person had received all their support and medicines and had the necessary paperwork ready for them to be collected.

Good

Is the service caring?

Our findings

The service was caring. People, relatives and visitors told us that staff were kind in their approach. One person said "Staff are friendly and interested, it's genuine and not forced". Another person said that staff were "Very good and very kind, considerate and helpful". A visitor told us that people told them that they were happy living at the home and that staff were helpful and caring. We observed a member of staff asking a person what they wanted to drink, they knelt down next to them and stroked their hair as they spoke with them. A staff member explained that they tried to make people feel comfortable, as if they were in their own home. A relative told us that the atmosphere at the service was always nice when they visited and they felt their loved one was happy and relaxed with the support they received. We observed that there was a relaxed atmosphere at the home and we saw people chatting with staff in groups and individually throughout the inspection, there was lots of laughing and appropriate banter and staff had built up strong relationships and trust with people they supported.

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. One person said that if they chose to stay in bed in the morning, staff would come back later on to support them. We observed a member of the staff waiting in a person's room, the person had expressed a preference for the particular staff member to regularly support them to go down to the dining room and their choice was respected. People chose where they wanted to have their meals and we saw that people were either in the main dining area, the smaller first floor dining room or their own rooms depending on their preference. A staff member explained how they supported a person to make choices about what they wore. The service had a hairdressing salon on site and we saw people being supported to have their hair done. The registered manager said that people could have their own hairdresser to come in if they chose this instead.

People told us that staff knew what their preferences were and how they liked to be supported. One person said "They know me well and what I like". A relative told us that staff all knew their loved one and what was important to them. Another relative explained that staff "Know that they like things done at certain times" and that this was respected. A member of staff explained that one person preferred a quieter environment and was tactile and enjoyed contact with people. We observed that staff interacted with the person in the way that staff had described and the person responded positively by smiling and returning contact with staff.

Staff were aware of peoples communication needs. For example, we saw that one staff member was chatting with several people in the lounge area and engaging them in some activities. During lunch, the same staff member sat providing support for two people. They were reassuring and patient with them, provided tactile contact and repeated verbal reassurances and encouragement to support people to eat their meals. This demonstrated that staff recognised the different communication needs of people and were flexible in their approach. Another staff member spoke with us about one person whose verbal communication was limited. They were able to explain how they used their facial expressions and body language of the person to identify how they were feeling. They also told us that the person was very tactile and we spoke with the registered manager about other communication methods which might be suitable

for the person. The registered manager explained that the dementia training for staff included guidance about communication with people and told us that they had approached two outside agencies to arrange further training in alternative ways of communicating with people. This demonstrated that the service was proactive in ensuring staff were able to consider a range of methods for communicating with people.

People were supported to maintain their privacy and dignity. We observed that staff were respectful and knocked on people's door before entering. They ensured that doors were closed when intimate care was being provided and the registered manager told us that staff used a system to alert other staff not to enter a person's room during this time. A person told us "staff respect my privacy and are all very good". Staff told us how they protected peoples dignity when they provided them with support and we saw the system being used that the registered manager had described.

Staff encouraged people to be as independent as possible. One person explained that they sometimes used a wheelchair to move but that "Staff encourage me to walk and be as independent as I can". A staff member explained how they encouraged a person to wash themselves and promoted their independence. They also explained that they were using a particular type of equipment to assist someone to move, this meant that the person was encouraged to stand when they were able to do so and helped to maintain their muscle strength.

The service had received re-accreditation with a national framework for providing end of life care. The information about people's preferences for end of life support was not very comprehensive and we saw that this had been highlighted when the service was re-accredited. The registered manager had plans in place for this information to be reviewed and improved. We were told about a person who had recently passed away and saw that the service had agreed for the local Chaplain and family to use the home for a meeting together. A person at the service had expressed a wish to attend the funeral and the service were supporting them with this.

Good

Is the service responsive?

Our findings

The service was responsive. People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff. For example, people's records included a life diary which gave details about important milestones in their lives, records also included people's expectations from the service and people that were important to them. A relative told us that the service had completed a thorough assessment of the persons needs and they were encouraged to bring items from their loves ones home to their new room. We saw that people had their own furniture and other items in their rooms which supported this.

People and their relatives were involved in developing and reviewing the care and support they received. A relative told us that they had been invited in for a review where they had discussed how things were going and whether any changes were needed to their loved ones support. Other relatives told us that they were regularly asked for their views about the support their loved ones were receiving and if they felt involved. We saw that records were reviewed regularly and that those that were important to the person were invited and included where possible. For example, for one review we saw that the person, their son and a registered nurse from the home had attended and areas discussed were recorded, actions agreed and signed for.

Visitors told us that they were always welcomed at the service and spoke highly about the staff and the friendly and warm atmosphere at the home. The service had staff at the reception desk and visitors told us that they were always friendly and smiling when they arrived. A relative who had visited unannounced when they first looked at the home told us that it was "Head and shoulders above the rest" and another relative said "If you cannot be in your own home, there is nowhere better". Relatives spoke with genuine warmth about the service and the staff who supported their loved ones. They told us that they were invited to stay for meals and offered drinks. Some comments included "I feel part of the family when I visit" and "As a family we feel comfortable and not like guests".

Relatives told us that the service kept them up to date and contacted if they had any concerns about their loved ones. One said that staff updated them when they visited and that when they rung the service "staff know how my loved one is, they don't have to go off and check". Another relatives told us that the service "let us know about any changes". Another relative explained that they felt confident when they were away on holiday because staff made sure to continue to encourage their loved one to walk.

People had a choice of a range of activities which were arranged at the service. There were dedicated activities co-ordinators and details about activities were displayed prominently for people. One of the co-ordinators told us that they offered options for five main areas of stimulation around exercise, religion, mental stimulation, entertainment and arts and crafts. The programme of activities was based on these areas and offered people choices about what they wished to do. We saw that there were several options for people each day and activities included regular quizzes and crossword clubs as well as outside entertainment and trips each week to a variety of places if people wanted to go out. We saw that people had chosen various destinations and had input into the upcoming trips displayed on the activities plan. We saw that flowers in the dining room had been chosen and arranged by people and that there was a book in the

communal café with photographs of events and crafts people had made. The service had weekly visits from a local Chaplain and the registered manager explained that at the present time, people living at the service were Christian and therefore they held a communion service and there were also weekly bible study groups for people. There were also visits from a retired gardener who read to people and involvement from work experience students from local colleges. We saw a film night advertised at the service and the activity plan for October included the annual scarecrow competition.

People and relatives told us that there was a wide range of activities and spoke positively about some of the things they enjoyed. A person told us that they enjoyed the craft and music activities and had also been out shopping with staff. Another told us that they preferred the mental activities such as the crosswords and quizzes. A relative told us that there were "Imaginative activities, very good indeed" and also said that their loved one had been able to have friends visit for lunch which they had enjoyed. Another relative said that their loved one preferred to take part in activities in the mornings, so the varied times of activities during the day suited them because there were different things on at different times of the day. The service held other events, such as a party for the Queens Jubilee. A visitor said that they were invited, along with local residents from the nearby cottages, families and friends. The registered manager explained that they had contacted a local mental health team who had supported the service to set up a weekly club to provide different activities to stimulate the brain. The club was named by people living at the service and ran weekly with several people attending. Colten care employed staff called 'companions' who spent time with people who preferred to have 1:1 time and did not want to join in any of the group opportunities. This meant that activities were suited to individuals needs and ensured that people had occupation which was meaningful to them.

Residents and relatives meetings were held regularly and were attended by some staff from the service including the gardener, chef and activities co-ordinator as well as the registered manager. This gave people further opportunity to discuss issues and ideas and we saw that actions raised were listened to and acted upon. For example, residents and visitors had raised concerns that the slope to the newly renovated entrance to the service was too steep and would be difficult for people to use. We saw that this issue had been documented and changes made to make the slope more gradual and easier for access for people.

People and relatives told us that they would be confident to raise concerns if they needed to and that any issues would be acted upon. For example, one relative explained that their loved one had needed to move rooms while the refurbishments were done to the home and was upset about this. The relative said that the registered manager had spoken with them and found ways of minimising the disruption. We saw that the service had received complaints in the past year, these were documented and included details about the issue raised, investigations made and actions taken. Where there were changes as a result of this, these were also documented which demonstrated that the service used complaints to develop and improve the service.

Good

Is the service well-led?

Our findings

The service was well led. People, relatives, visitors and staff spoke with warmth and affection about the registered manager and the standard of the home. One visitor said "I would rate this at the top(in comparison to other homes). It's a happy home – people tell me they are happy here". The service and registered manager were well known in the local community and many of those we spoke with had links with people who had previously lived at the home, or with the registered manager. This led to a homely atmosphere as there were lots of historic connections and relationships with the service. Comments about the registered manager indicated that they were approachable and friendly and that the home was well managed. One relative said the service was "Brilliantly run by the registered manager and they have set the tone for the whole place". A visitor told us "The registered manager is excellent, has a firm hand and joins in with staff". The registered manager was available throughout the inspection and was open and helpful when speaking with us. Where suggestions were made, these were taken on board and actions taken promptly to make improvements. This demonstrated that the service was well managed.

The registered manager had close links with other local managers within Colten Care and there were regular management meetings to discuss ideas and drive improvements. They were also supported by regional clinical, catering, operations and quality managers who regularly visited and provide guidance and quality assurance. They received supervision monthly and had opportunities to attend appropriate training and development sessions. The registered manager explained that they kept up to date with a registered nursing organisation and received regular updates from them. They also linked with the local health organisations and were booked to attend a health conference locally. They explained that Colten Care provided information about topics which were then used as the basis for supervision and learning for the staff.

Staff were encouraged to raise ideas or suggestions and these were listened to and acted upon. For example, a member of staff had told the registered manager that a person was struggling with a piece of equipment they were using and an alternative was now being trialled with the person. The registered manager explained that they used an allocation system in each floor of the service which meant that there was a team lead for each shift and they were responsible for monitoring the quality of the support staff were providing to people. Care staff worked with trained nursing staff who led by example. Staff told us about the team leader system and were clear about their roles and responsibilities. This demonstrated that the service promoted a positive culture where staff were included in the development of the service.

The service had recently received re-acreditation with the Gold Standards Framework, which sets out high standards for end of life care for people. The re-acreditation had highlighted areas for further development and the registered manager had a plan in place to address these. The service had three members of staff who had become Dementia friends champions. This is a national programme to encourage people to better understand how dementia affects people and how they can help. The champions were encouraging other staff to become Dementia friends and we saw that several of the staff had signed up individually. A member of staff told us that it helped them to better understand how to support people who had a dementia and how to support them. This showed us that the management of the service was improving and encouraging best practice.

The service had a clear development plan for the forthcoming year. There had been a significant refurbishment over the previous 18 months and work was still being undertaken on the garden and planting around the home. The registered manager told us that a small seating area was being developed for people to use and that they had tried to arrange a garden committee but people had not wanted to do this. Instead, gardening had been added to the activity planner and the gardener came in to support people to be involved in the outside space. They had planters at waist height so that they were accessible for people to use.

Staff had a good understanding about the vision and values of the service and we saw that the values for the home were displayed in prominent places including on all the paperwork for people and in the display books in the café. The five values were for the service to be friendly, kind, individual, reassuring and honest. We saw that the staff room had displays for each of the core values and guidance about how to demonstrate each value. We observed that staff reflected these behaviours in their interactions with people. This showed us that the service actively promoted a positive and person centred culture.

Staff had regular handovers three times each day. These were arranged so that the team leader for each shift had a handover first and then covered the support for their floor while the remaining staff held a handover meeting. This meant that there were always staff available during handover and they were aware of any changes to people's needs. General staff meetings were held regularly and staff were encouraged to raise issues and discuss ideas. Meetings were also held for trained staff and night staff and we saw that dates for meetings and minutes from previous meetings were displayed in the staff room. A member of staff told us that they attended the meetings and were encouraged to have input. Staff meetings were recorded and notes included actions required and timescales for these to be completed.

Feedback was sought from people through the use of surveys and a suggestion box. The registered manager said that the suggestion box could be used by anyone to make anonymous suggestions or comments and was accessible to people in a communal area of the service. A recent residents survey had been completed by some of the people at the service. People had been asked to rate the services on a number of areas including friendliness of staff and the level of choice they were able to make. People commented about areas where they felt improvements were needed or where they felt the service was doing well. The responses showed that people were very happy at the service and where improvements were mentioned, these were related to practical changes. For example, one person wanted windows which were easier to open. Staff also completed a survey and manager and clinical leads were also given a survey by Colten Care. We saw that information gathered was collated and there were plans for the new head of care to audit whether there were outstanding actions which needed to be completed.

Quality assurance at the service was regular and completed both at organisational level by Colten Care and by the service through regular audits. The regional quality manager completed an audit every six months which provided a traffic light system for areas of the service. For example, where immediate actions were required to improve an area, this was highlighted as red, where areas were working effectively, these were highlighted in green. The latest quality audit had been looked at by the registered manager and they were now progressing the actions highlighted. Other audits included monthly clinical governance audits which looked at areas including medicines, call bell response times and care plans. This information was collated and used to identify trends and issues. For example, call bell responses showed that people were waiting longer at a particular time of day. The registered manager had changed the shift patterns so that there was an additional staff member available at the time. This demonstrated that quality systems were in place and information from audits was collated and used to improve and develop the service.