Olympus Care Services Limited

Ridgway House

Inspection report

1 Swinneyford Road
Towcester
Northamptonshire
NN12 6HD

Tel: 01327350700

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 06 July 2016 and was unannounced.

This was the second comprehensive inspection carried out at Ridgway House.

Ridgway House is registered to provide accommodation and support for 35 older people. On the day of our visit, there were 35 people living in the home, ranging from frail elderly to people living with dementia. At the time of the inspection there were 35 people using the service.

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

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual and any potential risks to people had been identified. We saw that risk management plans had been completed to enable them to live as safely and independently as possible. There were sufficient numbers of staff to meet people's needs and keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe

People had their medicines managed safely, and received their medicines in a way they chose and preferred. The registered manager and staff had given much consideration about how they could support and encourage people to manage their medicines safely.

Staff were well trained and aspects of training were used regularly when planning care and supporting people with their care and support needs. People told us and records confirmed that all of the staff received regular training in mandatory subjects. In addition, we saw that specialist training specific to the needs of people using the service had been completed. This had provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

Staff sought people's consent to care and treatment which was in line with current legislation. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

The staff team were passionate about providing a service that placed people and their families at the very heart of their care. We found a progressive, caring and highly positive atmosphere throughout the service and within the delivery of care provided by staff. Without exception, people and relatives praised the staff for

their caring, compassionate and professional approach. Everyone we spoke with said that staff went over and beyond what was expected of them and they were like family.

People received care that was responsive to their needs and centred on them as individuals. Their needs were assessed and care plans gave clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care. A wide and varied range of activities was on offer for people to participate in if they wished. The service had an effective complaints procedure in place and we saw appropriate systems for responding to any complaints the service received. Staff were responsive to people's worries, anxieties and concerns and acted promptly to resolve them.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well. The registered manager took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

Staff enjoyed working at the service and felt well supported in their roles. They told us the registered manager was an excellent role model and there were systems in place to develop staff and promote reflective practice. There was a culture of openness and inclusion at the service and we found a caring and positive atmosphere amongst the staff team. This was reflected in the way staff supported people and each other. Quality monitoring systems and processes were used robustly to make positive changes, drive future improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm and felt safe living within the service. Staff were able to recognise signs of potential abuse and knew how to report any concerns they had.

Risk assessments were in place, which meant that people benefitted from an approach which enabled them to take positive risks. Staff supported people in a way that minimised risks to their health and safety.

Staff were recruited using a robust process. They were sufficient in numbers, skill mix and experience, so as to support people to remain safe.

Suitable arrangements were in place for the safe administration, recording and disposal of medicines.

Is the service effective?

Good

The service was effective.

Staff were provided with on-going training, support and supervision to ensure they always delivered good care.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

People were provided with a choice of meals which met their personal preferences and supported them to maintain a balanced diet and adequate hydration.

People were supported to maintain good health. The service had good working relationships with other professionals to ensure that people received holistic care.

Is the service caring?

Good

This service was caring.

We saw that staff interacted with people who used the service in a kind and sensitive manner. They showed compassion and humour was used appropriately with people.

Staff were highly motivated to make sure people had good quality care that improved their well-being and their lives.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

Is the service responsive?

Good

This service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of individualised activities on offer at the service.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

The vision and values of the service were understood by staff and embedded in the way they delivered care.

The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this.

The registered manager was knowledgeable, inspired a caring approach and led by example.

There was a range of robust audit systems in place to measure the quality of care delivered. People, their relatives and staff were positive about the way the service was managed.

Ridgway House

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 checked 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 06 July 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding team.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand their experience of using the service. During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service and four relatives. In addition we spoke with seven staff members and this included the registered manager, the team leader, the chef and four care and support workers.

We reviewed the care records of six people who used the service to ensure they were reflective of people's current needs. We also examined six staff files, the medication administration record sheets for 12 people, four weeks of the staff rota and other records relating to the management of the service such as staff training records and quality auditing records.

Good

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe living at the service. One person said, "I feel very safe here. They won't let anything happen to me." A second person told us, "Yes I am very safe. I can press my bell and staff will be here." Relatives we spoke with also told us they felt their family members were safe at the service. One relative told us, "I don't have to worry about [relative] and I can go home and feel happy he is in safe hands." A second relative stated, "I really do have peace of mind. I have no worries that [relative] is not safe."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "I understand what abuse is and I would report anyone who didn't treat the residents properly." A second staff member commented, "If I had any concerns I would go to [name of manager] and she would deal with it straight away. She is very strict about things."

The registered manager told us that safeguarding was a regular agenda item at staff meetings and during one to one supervision. We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risks were managed appropriately to ensure people were not restricted but were kept safe. We found that risks to people had been identified and managed in a person centred way. One person told us, "They [staff} let me work in the garden which is very important to me." Relatives told us that one of the strengths of the service was that people did not feel restricted by their care. One relative commented, "My [relative] is always busy. The staff try to make sure he remains as independent as possible." The registered manager was clear in her vision for the service that people should be supported to remain as independent as possible and to continue to lead a fulfilling life. Our conversations with staff highlighted that they too shared this commitment to risk management. One staff member told us, "We try to encourage people to do the things they want. We recently took three people on a caravan holiday. We don't stop people doing things just because they have gone into care."

We saw that risk management plans were in place to protect and promote people's safety. People had risk assessments in relation to moving and handling, falls, nutrition and pressure damage. A member of staff described one person's risk assessment and told us why it was in place. They said, "There is a risk assessment in place for [name of person] because he gets dizzy in the mornings. If he feels like that I know exactly what to do to make sure he doesn't hurt himself." We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

There was an emergency plan in place to respond to emergencies such as fire, loss of gas, electricity and water. Each person had an individual fire evacuation assessment plan in place. We saw clear information was on display regarding fire safety and the arrangements to follow in the event of a fire. We saw evidence

that staff had been provided with fire awareness training and regularly participated in fire drills. This demonstrated a positive attitude in promoting people's safety. We saw evidence that the registered manager or the team leader was on call to provide advice and support to the staff team in an emergency situation or in adverse weather conditions.

There were arrangements in place to ensure safe recruitment practices were followed.We found that staff had been recruited safely into the service. One staff member said, "I had to wait for everything to be checked before I could start working here." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that staffing levels were sufficient to meet their needs. One person said, "There always seems to be lots of staff around." Another person told us, "If I press my bell I don't have to wait for too long." Relatives also confirmed there was sufficient staff and that people always received the care they needed in a timely way. One commented, "There are always plenty of staff. They are always busy but there is always someone available if you need them." A second relative said, "It means that people can have a better quality of life because there are enough staff to care for everyone."

Staff told us there were sufficient numbers of staff to provide care and they did not feel under pressure or rushed when carrying out their roles. One said, "Yes, we have enough staff. We do all work well together as a team." A second staff member told us, "It's one of the best things about working here. We have a good staff team and we rarely use agency staff. We would all rather work the shift ourselves rather than use agency staff."

The registered manager told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met." They showed us a dependency calculator that was used to determine the levels of staffing hours needed.

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Medicines were handled safely and securely. People told us that they received their medicines when they expected them. One person told us, "I am grateful the carers give me my medicines. I would forget." A relative said, "They have discussed [relative] medicines with me. I know what he has and why."

We observed the administration of some of the afternoon medicines. This was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. People were given a drink to assist the swallowing of their tablets and the staff member spent time with them to ensure they were not hurried.

We saw that medicines were stored safely and were administered from a lockable trolley. When not in use

the trolley was stored securely in a locked room. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures in line with best practice.

Medication Administration Records (MAR) were completed accurately following administration of medicines. Each record contained a photograph of the person it related to, to ensure the medicine was given to the right person. There was a list of specimen staff signatures so it was possible to track who had administered which medicine. Records demonstrated that medicines were audited and accounted for regularly. We saw there was a system for recording the receipt and disposal of medicines to ensure that staff knew what medicine was in the service at any one time. This helped to ensure that any discrepancies were identified and rectified quickly.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. People praised the competency of the staff and told us that they were always supported by staff that had the skills to meet their needs. One person said, "The staff are fantastic. They know what they are doing." A relative commented, "The staff have been brilliant with [relative]. As his dementia progresses they work with him to make sure he has everything he needs and to make his life the best it can be."

Staff also told us that they felt valued because the registered manager recognised their individual skills and competencies. One staff member told us, "[Name of manager] always gets us the best training." Another member of staff told us that they found end of life care difficult at times but had been chosen to complete the National Gold Standards Framework (GSF) in End of Life Care. They told us this had been of real value to them and they felt more confident about managing people's end of life care.

The service had a comprehensive programme of staff training which included a host of mandatory courses including; moving and handling, first aid, fire safety, safeguarding and various health and safety topics. In addition staff had also had opportunities to access specialist training in areas such as nutrition and health, dementia awareness, care and management of diabetes and end of life care. Staff spoke highly of the training that had been provided and new staff confirmed they had also completed an induction programme. This had included the opportunity to shadow more experienced staff until they felt confident. One staff member told us, "The induction was very good. I felt equipped to do the job." The registered manager confirmed the service was signed up to the Care Certificate and this was used for new staff employed at the service. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

There were good systems in place to provide on-going support to staff and staff confirmed they received regular formal supervision. One staff member said, "The supervision is very helpful. You can talk about anything and if you feel you need another in between you only have to ask." Staff confirmed that in addition to supervisions, the registered manager was always around to speak to or provide advice. One staff member said, "The manager will always listen and help if they can."

Consent to care and treatment was sought in line with legislation and guidance. People told us that they felt involved in their care and that staff always asked for their consent as a matter of routine. Staff told us people's consent was gained before assisting them with care and support. One staff member said, "I always tell people why I am there and what I would like to do. I always ask if it's okay to do anything before I start. If they don't want me there I will leave and try again a bit later." During our inspection, we observed staff gaining people's consent to support them. For example, during the lunch time activity staff made people aware of what was happening before carrying out tasks.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their 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 found that one person had authorisations to deprive them of their liberty.

We checked whether the service was working within the principles of the MCA and found that staff had undertaken training in this area. Staff we spoke with demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "We have had training about the Mental Capacity Act. It means we should try to let people do as much for themselves even if it could be a bit risky." Staff also told us the implications of DoLS for the people they were supporting. One member of staff said, "DoLS is about when people don't understand the risks of what they're doing we try to keep them safe." Records confirmed that where a person lacked capacity to make a specific decision, appropriate steps had been taken to ensure best interest's principles had been followed.

People were supported to eat and drink enough to maintain a balanced diet. They complimented the chef and the quality of the food provided. Everyone we spoke with told us that they always had a choice of what to eat at every meal. People said that their dietary needs and preferences were always respected and catered for. For example, one person liked to have their relative bring in a selection of their favourite meals. If they didn't want the choice of meals available on the menu they would request one of their meals. Their relative told us, "It gives [relative] some control over what he eats which is very important to him." One person told us, "The food is fantastic. I couldn't say a bad word about it." A relative commented, "The food is lovely, it's varied and all homemade. We are lucky here to have such a good chef."

Staff worked hard to ensure that people received a healthy dietary intake. We saw that the service has an event they call fruity Friday. Every other Friday seasonal fruit is put on display. People are encouraged to pick their favourite fruits and then supported to make their own smoothie. In addition we saw that the service had a small shop. On a shelf just outside the shop there are cartons of juice, fruit and a basket of snacks accessible to everyone. These are all free to people using the service and we saw numerous occasions where people walked past the shop and took some items back to their rooms. This meant that people had constant access to snacks and drinks throughout the day ensuring their dietary and hydration needs were met.

We found that menu choices were designed to ensure they were nutritionally balanced and where appropriate, fortified or pureed to the right consistency to meet people's specific requirements. Staff told us that they encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs. We spoke with the chef who displayed a good understanding about people's therapeutic diets, such as diabetic foods. They also knew people's dietary likes and dislikes. They said, "I know every one very well. I always visit them and talk with them about the foods they like. For example, one person new to the home asked if he could have some scones. I got these for him the following day. To be honest people can have anything they like when they want it. That's what I love about working here. The choice that people have."

People's weights were regularly monitored to ensure they remained within a healthy range. Where indicated referrals to dieticians had been made for further assessment. Records confirmed that people were supported to have a sufficient amount to eat and drink, based upon their specific dietary requirements. We saw that there were appropriate monitoring systems in place for those who were at risk of dehydration or weight loss and people who required support were assisted in an unhurried and dignified way.

People were supported to maintain good health and had access to external healthcare support as necessary. One person said, "Usually my [relative] takes me to the doctors or any appointments, but if they can't the carers will take me." Relatives praised the healthcare support provided to their family members and commented that staff were very quick to respond to any health issues or concerns. One relative commented, "If anything ever happens or if [relative] is not feeling well they call me straight away."

Staff ensured people had access to other healthcare professionals and people had a choice about the health care support that they received. One staff member told us, "The doctor visits the home if people need them." The registered manager also confirmed that the GP visited the service and good relationships had been fostered between the service and the GP practices.

Records showed that appropriate referrals were made to healthcare professionals such as doctors, dentists, opticians and dieticians. People were supported to maintain good health and have access to healthcare services.

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Good

Is the service caring?

Our findings

People were very happy with the care and support they received. One person told us, "The girls are lovely. We have a laugh all the time." Another person said, "I can't say anything better than they are perfect." One person confided in us that when they were first admitted to the service they felt terrified and added, "Every one has been so helpful, warm and friendly. It's a miracle I have found this place." Relatives were equally complimentary of the care their family members received. One relative told us, "It's a very special place. I don't feel I have to worry. I know for sure that [relative] is treated with kindness all the time, not just when I'm here." A second relative stated, "The staff have been very kind to [relative] me and my family."

We found that staff worked hard to make people and their relatives feel cared for. All the staff we spoke with told us, "The best thing about working here is the residents." One staff member told us, "Everyone has something different and they are like my second family." A second staff member commented, "My husband thinks I'm strange because I love going to work. I really love my work and this is a great place to work. We have such a good team."

People we spoke with felt that staff supported them in a way which enabled them to progress and become as independent as possible. One person commented, "I can still enjoy the outdoors and do some gardening. If it wasn't for the garden I don't think I would still be here."

Relatives were very satisfied and pleased with how staff cared for their family members. One relative said, "When [relative] came here I was so worried and thought he would go downhill, but he's like a different person. He's very happy and has made lots of friends. It's a huge weight off my mind." Another relative said about the staff, "The carers work hard to make [relative] feel wanted and cared for."

We observed excellent interactions between people and staff who consistently took care to ask permission before assisting people. Consequently people, felt empowered to express their views. It was obvious that staff had the skills and experience to manage situations as they arose and provided care to a consistently high standard. For example, we saw that one person who had advanced dementia asked staff the same questions on a regular basis. We saw that the staff team had worked with the person's family to collate consistent answers to the person questions, reducing the person's anxiety levels which in turn improved their quality of life.

People were fully involved in making decisions about their own care. Regular formal reviews encouraged people and their family members to express their views about their care and be fully involved in how their support was delivered. Where people who did not have relatives or family involvement we saw that advocates had been involved to ensure their views, choices and decisions were heard. This meant that people felt listened to, respected and had their views acted upon.

The registered manager told us that the staff were compassionate and often went over and above their role. She told us about one person using the service who had spent all their life on a farm. A staff member, on her day off, took this person out to enjoy a horse and trap ride which was their hobby. We saw a photograph of

this event and the person involved told us they had enjoyed the trip a lot and it had bought back memories of living on the farm.

From conversations we heard between people and staff it was clear staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported. Staff told us that the registered manager was very knowledgeable and led by example. One staff member said, "The communication is very good and that means we all know what is happening and are made aware of any changes to make sure we can meet people's needs." We saw there were staff hand-overs at the start of every shift to ensure any changes were relayed to staff to ensure people's needs were met. This meant that changes to people's care was recognised and the necessary changes made swiftly to ensure the person received safe and appropriate care that fully met their needs.

People were supported to make choices about every aspect of their daily routine, their daytime activities or what they would like to eat. One person told us, "They always ask me what I want." Staff told us and we observed that they consulted people about their daily routines and activities and people were not made to do anything they did not want to. Care was focused on each person's wishes and needs rather than being task orientated and routine led. Records confirmed that people and their relatives were involved in the care planning process to ensure their needs were met. This meant that people were able to express their wishes and be in charge of the decision making process.

People were supported to maintain important relationships and staff were particularly caring towards people's relatives, in addition to the care they provided to the people who used the service. Relatives told us staff understood the importance of including relatives and close friends in the persons care planning and care delivery. Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. Those family members spoken with said that they were able to call in at any time and were always made to feel welcome. People and relatives frequently likened the service to that of one big family. There was a real sense of everyone supporting each other to provide the very best outcomes for the people who lived at the service. One person told us, "I would never have dreamt that such a place existed. I have been very lucky."

We found that care plans showed the degree of involvement that each person had with reviewing their care needs, and this reflected the help of their relatives. The care files were person centred and individualised. People's religious, cultural and personal diversity was recognised by the service, with their care plans outlining their backgrounds and beliefs.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. A staff member told us, "It really makes a difference having the same staff. People know us and we have all built up good relationships with each other."

People told us that staff were always respectful towards them and took every step to promote their privacy and dignity. One person told us "They do manage my privacy and dignity very well. The girls show me courtesy and respect me." Another person commented, "They always knock on my door and treat me as an equal." On several occasions we noticed that staff approached people to offer personal care and each time this was done discreetly without others noticing. A relative confirmed, "I visit every week and other members of my family visit in between times. We have never seen anyone being treated in a disrespectful way. Quite the opposite."

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how people were enabled to uphold their dignity. One staff member said, "I always treat people how I want to be treated. There is no excuse not to treat people with respect." A second member of staff told us, "These are people and they deserve nothing but respect." Staff told us that people received personal care in private; and chose what clothes they wished to wear and how they preferred to be addressed.

Staff displayed a good understanding in enabling people to remain independent. We saw that staff consistently took care to ask permission before intervening or assisting people with their care and support needs. People were able to exercise their right to privacy by staying in their room if they wished. Our observations on the day of the inspection showed that people were smartly dressed and many were wearing chosen items of jewellery, nail polish and other accessories. We also observed that if someone spilt food or drink on their clothes they were gently supported to change into clean clothes. This meant that people's personal choices were respected and their dignity maintained.

The service had systems in place to ensure that people's confidentiality and independence was upheld. We saw that staff were provided with training on confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected. Handovers took place in private and staff spoke about people in a respectful manner.

Good

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us, "I get all the care I need. Everything is perfect." Another person explained, "I like to do things a certain way. The staff respect my choices. The girls are very good at making sure I have everything I need." People talked to us about how staff included them in the decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives we spoke with echoed these sentiments and one relative said, "It's all the little things that make the difference. [Name of manager] is very good at making sure everyone has everything they want and making their life the best it can be."

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from assessments was used to ensure people received the care and support they needed, to enhance their independence and to make them feel valued. One staff member told us, "We try to get as much information as we can get from the assessment. The more we know the better we can make peoples care."

Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care. Care plans looked holistically at people and recorded how their physical, social and emotional needs were to be met. One staff member told us, "The care plans are very person centred. They don't just tell me about people's care needs but everything about them as an individual." Staff maintained daily records about people's care, including how they were in mood. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day.

We found that people's care plans were person centred and had been tailored to people's individual needs. They had been reviewed on a regular basis to make sure they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. Relatives we spoke with told us that communication was very good with the service. One said, "Communication here is very good. I always know what's going on. I don't have to worry."

Staff understood the need to meet people's social and cultural diversities, values and beliefs. The service had a comprehensive programme of activities and people told us that there was always something for them to do if they wanted to. One person commented, "We have some great parties. All the staff dressed up as the royal family for the queen's birthday and we had a party." Another person told us about the event where they turned the courtyard into a beach. They said, "We had a great day."

The registered manager told us they thought activities were one of the most important areas of people's care provision and said that it was important to make sure people were able to continue with their hobbies and interests. They said it improved people's mental well-being, their sense of worth and inclusion. The entertainment programme was shared with people and they were free to participate as much or as little as

they wanted to. Group activities on offer were appropriate to people and their interests. We saw a vast range of different events advertised that included an English picnic, a visiting farm, flower arranging, the Wimbledon final with Prims and cocktails, a summer fete, hog roast and bingo.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way. People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. One person told us, "I would complain if I wasn't happy." Another person said, "Yes I would make a complaint." A relative told us, "I have never had a complaint. I could always go to [name of manager] and talk with her. She is very approachable."

We saw that the registered manager kept a file of the complaints received and action taken. There was evidence that complaints had been acknowledged, taken seriously and investigated with people receiving a written response. The registered manager expressed that she welcomed people's concerns because she viewed all feedback received as a natural part of driving improvement. Where complaints had been made the registered manager had used the information to aid learning.

Good

Is the service well-led?

Our findings

There was a registered manager in post and management had been stable for over two years. We received positive feedback from everyone we spoke with about the leadership and management of the service. People, relatives and staff expressed a high degree of confidence in how the service was run. One person told us, "She [manager] runs a tight ship. It's very disciplined but in a good way." Another person commented, "[Name of manager] is always about the home talking with people and staff. She is very good and runs a good home. We are lucky to have her."

Staff told us the registered manager was an excellent role model and led by example. One staff member told us, "The manager is brilliant. She really cares about the residents and makes sure they have the best of everything." Another member of staff said, "She has an open door policy. She is always encouraging the staff and she gets the best from them." We saw that the service had recently been awarded the Olympus Care Services Team Award and also won the regional Great British Care Award. This showed that the staff team worked well together and were supportive of each other. Staff we spoke with were positive about the staff team and the management of the service One staff member said, "The manager is brilliant. There have been so many improvements and it's a much nicer place to work now. She has brought us all closer together as a team."

Staff felt they were well trained and supported and were committed to the care and development of the people the service supported. There was a clear relationship between people and the staff that cared for them, as well as with the registered manager. This meant that communication between people, staff and the service was effective and concerns or issues were quickly identified and rectified. Staff felt that the registered manager was supportive of them and worked with them to ensure people received the care that they needed.

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

When we spoke with the registered manager they told us they worked to continuously to improve services by providing an increased quality of life for people, including people living with dementia. The registered manager's passion and enthusiasm for providing good quality care was embedded in the culture of the service. The feedback, culture and attitude of all the staff we spoke with was that nothing was too much trouble and everyone involved was willing to go above and beyond expectations, to ensure people were able to have enriched and fulfilled lives. This demonstrated that the values and philosophy of the service were well embedded in the staff team and encouraged staff and people to raise issues of concern which the service always acted upon.

There were internal systems in place to report accidents and incidents and the registered manager and staff

investigated and reviewed incidents and accidents. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

There were quality assurance systems in place to carry out checks as the service developed. We were told that satisfaction surveys and internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were in place. Records we looked at confirmed this. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints.

The registered manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. The views of people and their relatives were included and the focus of the evaluation was on the experiences of people who used the service. Areas were identified where improvements could be made so the service met the needs and preferences of people better. Action plans were devised where it was identified improvements could be made in service provision.