Delphine Homecare Limited

St George's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 5 and 6 May 2016. We had previously carried out an inspection in April 2015. At the inspection in 2015, we found there was a breach in regulations in relation to the duty of candour and the recording of complaints. At this inspection, we found improvements had been made in both these areas.

St George's Nursing Home provides nursing and personal care for up to 60 older people, some of whom were unable to move independently. Some people were living with dementia and had communication difficulties because of their health needs. Other people required support because of illness or other age related conditions. End of life care is also provided. St George's is a large purpose built two storey detached property. There were 30 people receiving care at the time of our inspection.

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 and associated Regulations about how the service is run.

The registered manager had taken steps to make sure that people were safeguarded from abuse and protected from risk of harm. People told us they felt safe. People were protected from harm; risks to their safety were assessed and managed appropriately. People were involved as far as possible in their assessments and action to minimise risk was agreed with them.

The provider operated safe recruitment procedures, which included carrying out legally required checks on every applicant to make sure they were suitable to work with the people who lived at this service.

Staff told us there was a good atmosphere and staff worked as a team. They told us there were just enough of them to care for people and keep them safe.

People told us, occasionally they had had to wait when they needed help or support but this had improved recently.

Staff were provided with suitable training to enable them to carry out their roles. People told us, "Staff have been very good." "All the nurses and carers are good" and, "They look after me well".

Staff understood their roles and responsibilities. They told us they felt well supported and were provided with essential training, including induction to make sure they had the knowledge and understanding to provide effective care and support for people.

Nursing staff were supported to continue their professional development.

All staff received regular supervision and appraisal to make sure they were competent to deliver appropriate care and treatment.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. Staff understood the importance of obtaining consent from people before care or treatment was provided.

People told us they enjoyed the food. They said, "They (staff) go to no end of trouble to please you where food is concerned". People were offered choices about what they wanted to eat and drink. People who needed support to eat were helped with care. Meal times were managed well to make sure that people received the support and attention they needed.

People were supported to manage their health care needs. Nursing staff carried out regular health checks on people who lived in the home and these were recorded.

People told us they were able to see a GP whenever they wanted to. Records showed that people saw other health professionals such as physiotherapists, chiropodists, dentists and opticians when they needed to.

People were treated with respect, kindness and compassion. People told us they were happy and felt cared for. They said, "The care here is excellent" "The carers are good and kind" and "Everyone is treated with respect". All agreed that they felt listened to.

Each person had an individual care plan. These were continually reviewed and updated to make sure all their needs were understood by staff who provided their care and treatment. People told us they had been consulted about how they wanted their care to be delivered.

Information about people was treated confidentially and records were stored securely. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people's privacy and dignity.

People received personalised care or treatment when they needed it. People told us they did not have to wait long if they needed any help. They said, "I use the buzzer if I need them and they respond pretty quickly." and, "I have no complaints at all; they can't do enough for you".

Staff knew people well. They were calm and patient with people, they communicated effectively, responded quickly and appropriately to people's requests. Staff offered people choices. For example, about what they wanted to eat and where and how they wanted to spend their time.

People's needs were assessed with them before they moved to the home to make sure the home was suitable for them. Care plans were regularly reviewed with the person concerned to make sure they were up to date and reflected their individual preferences. People were provided with a range of suitable activities they could choose from. People we spoke with told us there were activities on offer.

The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure. All the people we spoke with felt able to raise any concerns with carers or nurses.

People spoke positively about the way the home was run. They told us the staff were approachable. Relatives told us they felt that the home was well run and could speak to the senior staff and registered manager at any time if they had any questions or concerns. The organisation had clear vision and values.

These values put people at the centre of the service.

People were comfortable with the management team and staff in the home. Staff understood their roles and responsibilities and the staff and management structure ensured clear lines of accountability.

There were systems in place to review the quality of all aspects of the service regularly. Improvement plans were developed where any shortfalls were identified. Bi - annual 'resident and relatives' surveys and quarterly meetings gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run.

Any accidents and incidents were monitored to make sure that causes were identified and action was taken to minimise any risk of reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents. This meant that the risk of abuse was minimised.

People received their medicines as prescribed and medicines were managed safely.

Staffing levels were sufficient to meet people's needs and offered flexible support.

Recruitment procedures ensured that only people suitable to work with vulnerable people were appointed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had sufficient skills and knowledge regarding their role.

People's consent to care was sought and the staff and registered manager had a clear understanding of matters relating to requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink and to maintain a balanced diet through flexible mealtimes.

The catering staff were able to demonstrate a good understanding of people's dietary needs whilst ensuring that people had different options to choose from at mealtimes.

People were supported to maintain good health by having their daily health monitored as well as having regular access to a variety of health professionals.

Is the service caring?

Good

The service was caring.

Staff worked respectfully and in a caring manner with people.

People's dignity was maintained and choice was respected at all times.

Individual needs and preferences were well understood and recorded in people's care documents.

Is the service responsive?

Good

The service was responsive.

Care was person-centred and designed to meet people's individual needs. Care plans were updated on a regular basis to ensure people received the correct care and support.

People were supported to take part in activities which they enjoyed and chose to do.

Feedback was welcomed by the service, and people and their families were familiar with how to raise complaints if they had to.

Is the service well-led?

Good

The service was well-led.

Staff felt appropriately supported to provide a service that was safe, effective and compassionate.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

People and their families felt able to approach the management team and speak about their care.

The registered manager had systems for monitoring the quality of care people received.

People and staff were positive about the service and had started to have their views listened to and acted upon by the registered manager and registered provider.

St George's Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on the 5 and 6 May 2016 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by one adult social care inspector; one specialist advisor with a nursing background and one Expert-by-Experience (ExE). An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events, which the provider is required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider supplied us with a range of documents, which gave us key information about the service. Prior to our inspection, we spoke with three health and social care professionals including the local authority contracts and commissioning team and community mental health team.

During the inspection we spoke with the registered manager, deputy home manager, both heads of clinical care, one registered nurse, eight care staff, I member of the housekeeping team, five relatives and three people who use the service. We looked at 13 care records, 10 recruitment files and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, how they assessed and monitored the quality of the service, and reviewed Deprivation of Liberty Safeguards (DoLS) applications and safeguarding alerts for the home.

Good

Is the service safe?

Our findings

The service was safe.

People told us "Yes I feel very safe because nobody can get in" and "Yes there's always some about and there's a call bell and I use it two or three times a day I fell down once and they came really quickly". A relative stated " "Yes[mum is] very safe they use all the aids they can as she can't walk anymore and I come here three times a week they look after my mum like she's one of their own".

Due to the communication difficulties of some of the people living at St George's, we were unable to ask direct questions about their views and experiences as to whether they felt safe. However, we spoke in detail with staff and visiting relatives. They told us that they considered people to be safe. We saw people interact with staff in a relaxed way and people took control of how they lived their lives. For example, we heard people tell staff what they wanted to do and where they wanted to go. Staff responded to some quite challenging questions in a consistent and calm way. People were confident to approach staff and on numerous occasions, we saw staff sitting and speaking with people. Our observations confirmed that people felt safe with staff and were confident to interact with them to ensure that their individual needs were met.

Staff told us that there were protocols in place to ensure that people were supported safely and consistently. They said that they had received good training to enable them to adopt a consistent approach that reduced people's anxieties and made them feel safe. They also gave us examples of equipment used to keep people safe while maintaining people's independence. For example, one person had equipment in place to protect them from falls at night time.

Staff told us that they had received training to protect people from abuse. In conversations with us, staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the different types of abuse people may experience and knew the signs to watch for to indicate this was happening. They also understood the process for reporting concerns. Senior staff knew how to refer incidents to the local authority safeguarding team if needed. The registered manager told us how they had made safeguarding referrals and worked with social care professionals to keep people safe. We had also received reports from the registered manager that reflected this and showing us that people were kept safe.

Staff showed a good understanding about promoting people's rights and choices while keeping them safe. They told us how people's safety was their priority but that they also supported people to remain independent. They told us how they worked closely with health and social care professionals to ensure people were safe and other health professionals we spoke with confirmed this.

Assessments of risks to people's health and safety were carried out and recorded in support plans. We saw assessments of a range of risks including, identified behaviours that challenged the service and for one person, the risk of falling, choking and developing pressure ulcers. We found that assessments were detailed and documented how staff could respond in a consistent manner as well as identifying triggers for staff to

look out for. Staff told us that these assessments, and their regular review, were invaluable to ensure people remained safe.

We saw that accidents and incidents were well recorded, monitored and reviewed. This meant that the team could learn from them and make the service safer as a result. For example, the provider took action, due to a pattern of falls, to install equipment to keep one person safe when they were in their room unsupported.

The heads of clinical care and senior staff updated care plans to keep people safe. They also reviewed records to identify any changing behaviour to enable them to take action to ensure people's safety and wellbeing. For example one person had recently been displaying anxiety and the staff team worked together to identify triggers and put processes in place to help reduce these anxieties. This protected the person and others living with them. We saw how the monitoring of incidents also led to medication reviews. Again, staff told us that the changes had had a positive impact on the health and welfare of the person supported.

People did not raise any concerns about how they were supported with their medicines. One person said "The staff give me my medicines 4 times a day I take so many I would forget". We saw that arrangements for the management of people's medicines were safe. Nursing staff administered medicines; however, all care staff were required to complete online medicines training to enable them to make sure people took their medicines correctly. Once the on line training had been completed staff were observed by the nursing staff following a specific written assessment tool. We were told every carer has either completed this training or is in the process of doing so. There were policies in place that reflected best practice and guidance for medicines management.

People had individual medicine administration records (MAR) chart. Each chart had a picture of the person at the front followed by any known allergies and their date of birth. They also had very clear written instructions about how each person prefers to take each of the medicines prescribed. One person was receiving covert medicines. -'Covert' is the term used when medicines are administered in a disguised format, for example in food or in a drink, when the person does not have capacity to consent and it has been decided that it is in their best interest. The MAR contained very clear instructions about how this was to be undertaken and records showed clear evidence of a mental capacity assessment and a best interest decisions meeting in 2013. There was a review completed earlier this month with the GP stating that this way of administering medicine should continue. Nutritional supplements prescribed for this person were also recorded clearly and this was also written on a record of their fluid intake chart. We saw instructions recorded from the dietician that were being followed. At the front of most MAR records was a copy of the homely remedies (medicines that do not need a prescription) that people had access to.

There were two drug trolleys in use, both were locked and chained to the wall in the corner of the dining room when not in use. The ordering, storage, dispensing and disposal of medicines were all undertaken in accordance with their medicine policy. Fridge and room temperatures had been recorded daily; this ensured that medicines were kept at optimal temperatures to ensure they remained effective. Medicine records contained in the care plans were detailed to reflect people's needs. However we identified a minor omission in recording practices and senior staff immediately told us what action would be taken to ensure additional support and retraining.

During the inspection, an issue arose regarding the service not having individual hoist slings for people and the issue of cross infection despite staff cleaning the existing slings after every use. We discussed this with the registered manager and individual slings were ordered.

At the time of our inspection, there were sufficient staff available to safely monitor people discreetly and respond to requests for support. One staff member told us, "We are encouraged to use our initiative, which is good as we can adapt to situations as they arise. No two days are the same." Another staff member said, "Yes there are enough staff. It's ok at the moment and there has been an improvement recently."

Staff said they tried to cover absence and sickness with permanent staff working additional hours. The use of agency staff had reduced and the registered manager tried to use regular agency staff when needed. Therefore, people were cared for by staff who knew them and understood their needs.

People were protected from harm and were cared for by suitable staff due to thorough recruitment processes. We saw that required information was available to demonstrate that only suitable staff were recruited. For example, there was evidence of Disclosure and Barring Service (DBS) checks, references from previous employers and they had provided full employment histories. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This ensured that people were supported by staff who had been properly vetted to check they had the right attributes to care for people and ensure their safety.

The registered manager was fully aware of their role in relation to ensuring safe recruitment practices were followed. We saw how they oversaw the recruitment process to check that the people were safely recruited in line with the provider's policies and procedures. The service also monitored the dates of nurse's registration with the Nursing Midwifery Council (NMC) to make sure they were current.

Procedures were in place to protect people in the event of an emergency, such as a fire. There were regular checks and routine maintenance of the home environment and equipment ensured people could be kept safe. Records demonstrated this and staff told us of procedures to follow to raise issues that required attention. People had personal evacuation plans in place detailing the support they would need in an emergency.

Good

Is the service effective?

Our findings

The service was effective.

People told us that they were happy with the care they received and felt their needs had been met, one person said "Yes they know exactly what they're doing if they have a problem they get the nurse". It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. People were supported by staff with appropriate skills and experience. The staff told us they received training and support to help them carry out their work role. We spoke with staff about training, supervision and annual appraisals. Most told us they received regular supervision (one to one sessions with their manager), and had received their annual appraisal. One staff member told us "I have supervision on a regular basis. I find it helpful and can discuss what I want there." However, one member of staff told us they had not had recent or regular supervision, however when we looked at supervision records, it was clear they had received it. We spoke with the registered manager about this, who said, "I will make sure I make it clear what supervision is." This meant staff had the opportunity to discuss any concerns they may have about their role and responsibilities, their performance is reviewed, and any areas for improvement identified.

Staff had completed an induction programme, which was in line with the Common Induction Standards (CIS) published by Skills for Care. The deputy manager told us how the CIS was being replaced by the newer Care Certificate Standards for all newly recruited staff. The Care Certificate sets out the learning outcomes, competences and standards of care that care workers are expected to demonstrate and should ideally be completed within the first 12 weeks of employment. We looked at staff training the provider considered mandatory. This included safeguarding adults, health and safety, moving and handling, fire safety, and infection control. Staff had also completed training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dignity, dementia and managing distressing situations. The deputy manager showed us the training record and explained how the system flagged up overdue training directly to staffs' personal phones as a reminder. Training was a mix of e- learning and face to face on site training. A member of staff told us, "Training gives me a lot of confidence, which is perfect." Another said, "There are no problems with training here; I feel very equipped to do my job."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A DoLS authorisation is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests.

Staff we spoke with told us, "It is important not to be impatient when offering a person a choice." One staff member told us of a recent Best Interest meeting they were part of concerning someone who lacked capacity to consent and said, "We reached the right decision." We subsequently saw a record of this meeting with a local authority social worker and noted how staffs' input was central to the decision making process, based on their in-depth knowledge of the person. Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a regular basis thereafter. Records confirmed that the home had been making requests for authorisation to restrict people's liberty in their best interests under the Deprivation of Liberty Safeguards (DoLS).

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. One person told us, "The food is wonderful we have a great chef we get two choices but if you don't like them they will cook something else for you. My favourite meal is liver and bacon and I get that twice a month and haggis and I get that once a month, which is just right, or I would get bored with it. My favourite pudding is bread and butter pudding and we had that yesterday and on my birthday they made a cake for me with candles which was great". Another person said "Yes I can always get a cup of tea and something to eat and there's always fruit on the table and at midnight I always get a mug of tea and a banana I need that for my medicines I take but I do look forward to that" and "Food is very good you get a choice of two or three main meals. I get plenty to eat my favourite meal is breakfast porridge or Weetabix followed by poached eggs on toast and I can get a drink at night no problem". However, one relative told us "The most annoying part at lunch times is that the residents can't go to the toilet during lunch times due to health and safety reasons that's what we've been told". We spoke with the manager about this and they assured that this had never been the case and they would reiterate this at the next staff, residents and relatives meetings.

Staff were knowledgeable about people's dietary needs and preferences, for example, one person had recently had an appointment with the Speech and Language Team (SALT) and they had recommended they were not to have certain food. On speaking to staff, all knew that this was the case and what foods to avoid. Fluids were available and accessible throughout our inspection day. Menus were displayed on tables in the dining room. We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some preferred to eat independently. The atmosphere in the dining room was relaxed and unrushed, we heard staff ask people if they wanted some help and if they were ready to eat. Staff also explained to people the food they were eating and offered drinks.

The food served was cooked on the premises and delivered straight to the dining room. The cook and dining room supervisor demonstrated a good knowledge of people's dietary needs and preferences. They spoke passionately about the desire to ensure people had good food. The home served food day and night and this included full meals as well as sandwiches and snacks. They explained that people who may be ill, or people with dementia may not always feel like a full meal during "ordinary hours", and that it was "important that we are able to give someone a hot meal when they are ready to have it".

People were happy with the support provided for their health care. One relative confirmed to us that they had contact with the doctor. The head of care told us that visits were made weekly and they were able to provide visits when requested by the home. GP visits were documented in all of the care files we looked at, with more detailed descriptions written in the electronic record. People also had access to a range of other health care professionals such as dentists, dieticians, opticians and podiatrists. We saw on one person's record how they were assisted to go to the dentist's surgery for treatment and on another that frequent visits

were made to the optician.

Feedback we received from external professionals was positive. This included feedback from the local social services and GP services. One professional commented, "I have always found the staff knowledgeable about the residents and patients and I am able to see people whenever required".

Good

Is the service caring?

Our findings

The service was caring.

Staff were observed speaking with respect and approaching people with care and compassion. People and their relatives stated they were comfortable with staff. One person told us "Very caring especially a nurse called [name] they turned my life around when I first came in here. There's no staff I'm uncomfortable with" One relative stated, "They really care and look after my relative. We all come at different times. They are making sure she is comfortable, we couldn't ask for anything more." Another relative stated, "I sleep well at night knowing he is so well looked after." The service was observed to be calm and peaceful. People could be heard interacting and laughing with staff and visitors. Positive interactions between staff and people were observed throughout the two days of the inspection. People told us that staff were very caring.

People's likes and dislikes were clearly known by the staff. Staff were able to describe how people liked to be supported. This information was cross referenced against care plans and found to be accurate. For example people were referred to by their preferred name. People and their families further reported that staff knew each person well and always tried to offer assistance in the way they liked, and preferred, as opposed to what would be easy. Care plans were found to be accurate and updated frequently to ensure they were reflective of people's changing care needs and preferences.

Relatives of people reinforced that they thought the service was very caring. One person said, "Just recently I've been off my food and they have been very worried about me and my key worker [name] comes and talks to me and puts her arm around me and gives me a cuddle." One relative told us they had found the staff to be not only caring towards their loved one, but also to their own emotional needs. This was confirmed by several other relatives with whom we spoke. Staff were seen checking on the relative's welfare as well as the person to whom they provided support.

People told us that staff always maintained their privacy and dignity. Before entering their room, staff would knock to check it was okay for them to enter. If people were resting or did not want to be disturbed, staff would come back later. We observed that people were able to get up at the time they wanted to in the morning and were offered breakfast at this time, as opposed to at a time that suited the service.

When assisting with personal care, people reported that staff would always make certain they were covered up, to preserve their dignity. Staff further emphasised the importance of maintaining people's dignity at all times. One staff stated, "You have to think that this could be you, or your mum and dad. You have to treat them how you would want to be treated." Signage was used on doors to prevent entry during personal care, and if the person did not wish to be disturbed.

Records were maintained safely and securely. This ensured that confidentiality was maintained. Room files were kept in each person's bedroom. These contained minimal care plan information. They were used to record daily information, and were subsequently filed away. We observed that when staff needed to speak about a person, they would either go into the nurses office or lower their voice and stand in a corner,

discreetly discussing any concerns.

Good

Is the service responsive?

Our findings

The service was effective.

At the last inspection the provider was in breach of Regulation 16 (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have an effective and accessible system for identifying, receiving, recording, handling and responding to complaints by service users and relatives. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

People received care that was specific to their own individual needs and wishes. People told us that they were cared for in the way they wanted, and were able to do the things they wanted to do. One person nodded and smiled when we asked if they felt their care was personalised, another nodded when asked the same question. Staff told us that people had a full assessment before they came to the service. This was to ensure that they would be able to meet the person's needs, as well as confirming the person would be compatible with others already living at the service. The registered manager told us that when this assessment took place, they looked at people's physical and mental health needs, as well their background, their likes and dislikes. They explained that it was important to get a holistic picture of the person, so that they could implement care plans, which were likely to be effective and responsive for people.

There was evidence in people's records that pre-admission assessments were carried out and showed people's needs and wishes had been recorded. All care plans had comprehensive histories about the person and very clear information, for example advice and instructions regarding people's level of support required to walk. People and their family members had been involved in this process, as much as possible.

People's relatives told us that there were care plans in place, to help guide staff in caring for their loved ones. They told us that these were reviewed and updated on a regular basis, to ensure the information in them was up-to-date, and that people and their families were involved in these reviews. One relative said, "Yes I have seen my mother's care plan and I have reviewed it in the last year" and people told us "I know it's in the office".

The registered manager also told us that care plans were based upon the information they gained during the pre-admission assessments. They explained that the service built upon the detailed information they had gained, as they got to know people better, and as their needs and wishes changed. The care plans contained information, which was specific to each individual, and were written in a simple and easy to understand way. The input of different health professionals was also recorded and reflected in care plans, to ensure staff were aware of any interventions suggested.

People told us that they were able to do a number of different activities, to help keep them entertained and stimulated throughout the week. One person told us, "Yes I help out with the bingo I'm the bingo caller and making cards, painting singing and we do icing cakes and biscuits and I really like exercising" and another said "Yes I make cakes and I get out all the time and the staff sometimes eat my cakes but the relatives

always do". Relatives shared this viewpoint, explaining that there were a number of different activities and entertainment events, which took place at the service. People could choose what they did and did not want to join in with. However, we were told that there were no regular activities at the weekend, one relative said, "They could do with someone to do it at weekends there's nothing for them to do at weekends". We discussed this with the registered manage and they acknowledged this was an area that had been identified as needing improvement. They were in the process of devising a plan to tackle this, and make sure activities were available seven days a week.

During the inspection, we observed the activities coordinator, and other members of staff, engaging with people and providing them with activities and stimulation. We saw staff playing games with people and engaged in social interaction in the afternoon. There was an activity which took place with pupils from a local school, which was well received. We saw people's activity plans and saw that they were specific to individuals and updated regularly. This meant people did activities that were meaningful for them.

People were able to raise any concerns or issues they may have about the service. One person told us, "Yes I have made complaints lots of little ones like the sink in my room was brown and I complained and they came and cleaned it for me. I always complain to the manager upstairs and yes it's on the board in my room how to make a complaint" and another said "How to make a complaint yes it's on the board up here but up to now I haven't needed to" People's relatives told us that they were familiar with how to make a complaint, or provide the service with feedback. One relative said, "Oh yes, I am able to give them feedback about the care." And "Yes it's up on his board how to make a complaint." Another said, "I would go and see the manager". Staff members told us that people and their families were encouraged to give feedback and complaints, and explained that information was displayed in the home to help with this.

We also saw minutes of residents and relatives meetings. These were held on a regular basis. People told us ""Yes I have my say and I always get everything I want and they do act on it" and "Yes I use to go to the meetings but I've missed the last two not been well enough".

The registered manager told us that they welcomed any feedback people gave them, whether it was positive or negative. The service had a complaints policy, which was given to each person, as well as a record of all complaints and compliments, received. We saw that the service had not received many complaints since our last inspection. Those that had been received had been logged, investigated and resolved appropriately.

Good

Is the service well-led?

Our findings

The service was well led.

At the last inspection the provider was in breach of Regulation 20 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, duty of candour because the provider did not act within it, in respect of a complaint about care and treatment. We found at our inspection, the registered manager had made the improvements necessary to meet the requirements of this regulation.

Although people did not always know the registered manager because they were living with dementia, people we spoke with knew that they could speak to someone at the office and that the registered manager was available if they needed them. People and relatives told us that if they had reason to contact or speak with the registered manager, this had been positive. One person told us "The manager is good and I always speak to them".

The registered manager had a good understanding of people living at the home and understood their up to date care needs. Staff spoke positively about the registered manager and their environment they worked within. One staff member told us about their experience of working at the home and said they, "Really enjoy it". Staff described being able to suggest ideas and improvements.

The registered manager demonstrated how they reviewed the quality of care at the home so the provider's care standards could be maintained. They told us that they had recently employed a compliance manager who undertook daily, weekly and monthly monitoring of the service provided, for example, ensuring people's dining experience was individual to them and a pleasant and happy experience. Systems the registered manager used, enabled them to identify areas of concern that needed to be addressed. We saw that staff training, care plans, medications audits were all monitored regularly. Accidents and incidents were also monitored so that if patterns emerged, the registered manager was able to establish whether any additional input was needed, for example referrals to the Falls Team or Speech and Language Team.

The registered manager had developed a number of ways in which to gain people's thoughts about the service and understand what people may want improved. A newsletter, which was previously available for people and their relatives, was to be re started and the registered manager said that people and staff were being asked for their suggestions to make it relevant to everyone.

Questionnaires were also used to seek people's views on the service. We saw that feedback from ideas that people had raised had been shared through a number of ways. The registered manager told us that they were going to have a display in the main hall that was called "You say. We did." Therefore, people could see what had been suggested and what had been the outcome. The registered manager thought this would be a better way for information to be given to people.

People living at the service were asked about changes they wanted and were possible, these were being initiated. For example, people wanted more choice of soups and bread for toast and the registered manager

made sure these changes took place. Regular residents meetings, enabled people to keep informed of the things happening within the service and progress of concerns, complaints and suggestions. We also saw dates of meetings advertised where people could raise issues of interest. The results of survey results were also displayed for people to access.

Results from monthly checks were submitted to the registered provider's management team to review. The registered manager was required to submit regular returns, which detailed how the service had performed that week. The registered manager also attended a monthly meeting with the managers from the registered provider's other location, so that learning could be shared. Although the registered manager was not from a clinical background, working closely with the clinical lead had enabled them to understand what action needed to be taken for people living at the service. For example, clinical staff had led on care plan reviews and this information was then fed back to the registered manager. People that required a change in support needs were then able to receive this support through the combined input of both the registered manager and the support staff.