

Mr Paul Maple

Alandale Residential 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 

Overall summary

This inspection took place on 16, 17 and 24 September 2015 and was unannounced.

Alandale is a modern, purpose built residential home providing care for up to 35 older people, situated in the village of Whitfield on the outskirts of Dover. The home offers residential accommodation over two floors with large, open plan lounge areas, a conservatory and dining room on the ground floor. There is a stair lift and shaft lift for people to access both floors and there are no changes of levels on each floor, making the home suitable for

people with mobility difficulties. There are 35 single bedrooms. 18 of the bedrooms have an en-suite toilet/washroom. There are seven toilets and three bathrooms with special facilities for wheelchairs and those of limited mobility. There is a small courtyard with seating and a back garden so that people can spend time outside in the finer weather and some off road parking spaces for visitors. At the time of the inspection 34 people were living in the home.

Summary of findings

There was a registered manager working at the service. 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 and their visitors talked about their decision to move into the home. Some people had come in for a short break from their own home and found that they liked it. One person said, "I liked it so much I decided to stay here." Another person said, "I was a bit worried about coming into a care home, but once I was here I decided I was better off here than at home. There is always someone around if you need them and I feel safe."

People said the home was warm and friendly and it was like being in a large family. A person commented, "Since I've come in here, time has gone quicker because I'm not on my own. There is always someone here." People's friends and relatives had got to know each other and they said they enjoyed visiting the home. Various activities were organised each day and people and their relatives joined in when they wanted to or watched what was happening around them. Some people preferred to stay in their rooms most of the time and others liked to be in the lounges but preferred not to join in with the planned activities. Everybody said they felt there was enough to occupy them and their choices of whether to join in with activities or not was respected. Two parties were organised at Halloween and Easter each year to give people the opportunity to all get together with friends and relatives at the home and to meet everyone. Staff dressed up and everyone talked about how much fun it was.

There were plenty of staff to support people in the way they preferred. People said there was flexibility in the routines of the day and they could get up and go to bed when they wished. They said the staff had got to know them and they had the opportunity to let staff know their preferred way of being supported. People said they maintained as much independence as possible. Some people said they had mobility aids to get around the home and one person said, "My zimmer frame is a life saver I couldn't manage without it but I always ask staff to walk with me just to make sure I don't fall." Staff supported people as much as they needed and at a

respectful distance. There were clear plans of support and assessments to make sure risks were considered and strategies were in place to prevent unnecessary accidents.

There was a thorough staff recruitment process, including safety checks, so that the right staff were employed to work in the home. Staff were confident in their roles and had the training and support needed to make sure they had the skills and knowledge to be able to do their job effectively. Staff said the registered manager and owner were very supportive and always available if they had any concerns or needed advice.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. DoLS authorisations were in place, or applications had been made, for people who needed constant supervision because of their disabilities. There were no unnecessary restrictions to people's lifestyles.

People told us that they felt safe living at Alandale. Staff had received safeguarding training and they were aware of how to recognise and protect people from the risk of abuse. Staff knew about the whistle blowing policy and said they could raise any concerns with the manager, the owner or outside agencies if needed. People said they were well cared for by the staff and nothing was too much trouble which made them feel reassured and content.

People were supported to keep well and healthy and if they became unwell the staff responded quickly and made sure that people accessed the appropriate services. Visiting health professionals including district nurses and doctors were involved in supporting people's health and wellbeing as needed. Many people had lived locally and maintained the services including the same doctor's surgery that they had always had. If people required treatment, for example, wound dressings from a district nurse, this was given in a way that respected people's choice and preference. People's medicines were

Summary of findings

managed safely. There were discussions and plans made with people and their representatives (nominated relatives/friends) so that people had the opportunity to say what they wanted if they were to become unwell.

Everyone said they enjoyed the food and mealtimes were set up to be social occasions or people could eat in their own rooms. Staff checked that people had enough to eat and drink and refreshments were available to people and their visitors throughout the day.

The owner and registered manager spent time with people and their representatives (nominated relatives and/or friends) to find out what they wanted and expected from the home and listened to any concerns. People, relatives and visiting professionals were also given surveys so that they could give feedback routinely each year and this could be returned anonymously so that feedback could be more open. From these discussions and the surveys, the owner and registered manager planned the priorities that formed the service development plan for the year. People said that the home was very well maintained. Improvements to what was provided to people and the upkeep of the building were ongoing. This year a new sluice room had been installed

with improved equipment and various parts of the home had been redecorated. Following on from people's views and suggestions the call bell system had been extended into more points in the lounge and staff had their names embroidered on their tunics so that it was easier for people and their visitors to know everyone's names.

There was a clear complaints procedure and it was easy to make an anonymous complaint by picking up a form near the entrance. People and their visitors said they were happy to talk to the registered manager and staff if they had a concern.

Staff reported accidents and incidents to the registered manager who made sure appropriate action had been taken to reduce the risk of accidents happening again. The owner and registered manager checked for patterns and trends with accidents and incidents in the home overall and made sure that lessons had been learned and changes were made if needed.

Arrangements had been made to respond to an emergency. There was a folder of information including individual emergency evacuation plans and contact details of local services that would be able to assist.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were kept safe from harm and abuse. The culture in the home protected people from discrimination.

Risk assessments were designed so that people had the support they needed and were protected from avoidable harm. Support and equipment were provided to enable people to maintain their independence.

Staffing levels were responsive to people's needs and had recently been increased following a review.

Safety checks and a thorough recruitment procedures ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

People received good care and support that was based on their needs and wishes. Consent was always sought before any care was given and if people needed support to make decisions this was provided appropriately.

Staff received the training they needed to have the skills and knowledge to support people and understand their needs. Staff were supported to share ideas for their development and express their views with the registered manager.

People were supported to remain healthy and encouraged to be as active as possible. People were given the time to say how they wanted to be cared for and made choices about the routines in the home.

Mealtimes could be social occasions or people could eat in privacy. People were supported to eat a healthy varied diet and at their own pace.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion. There was a family atmosphere in the home and people, their relatives, staff, manager and owner all worked together to help promote a good lifestyle for everyone.

People had support from friends and family to help them make decisions about their care and support.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People were treated with respect and care was given in a dignified way.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received the care and support they needed to meet their individual needs. Care plans contained guidelines for staff to make sure people received care in the way they preferred. The home was flexible and responded quickly to people's changing needs or wishes.

People were supported to make choices about their day to day lives. There were a variety of activities organised that people could join in with.

There was a warm, caring culture. People could raise concerns and complaints and trusted that the staff and registered manager would take them seriously and work to resolve them.

Good



Is the service well-led?

The service was well led.

There was a culture of openness and support. The owner and the registered manager encouraged people, their relatives and staff to share their views which were taken into account in the running of the home.

The owner and manager worked together and were clear about their responsibilities. Staff were well supported by the leadership in the home.

The quality monitoring and improvement system in the home was effective and allowed everyone to participate and see the results.

Good



Alandale Residential 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 unannounced inspection took place on 16, 17 and 24 September and was carried out by one inspector.

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider and social services. This is information about important events that the provider is required to send us by law.

During our inspection we talked with 20 people living in the home, carried out some observations and used our SOFI tool (Short Framework for Inspection). This is an observation recording tool that we use when people are unable to talk with us about their experiences of the care in the home. Some people in the home were unable to directly participate in the inspection so we observed the care they were given and their interactions. We spoke with five relatives who were visiting people, seven care staff, kitchen staff, two visiting activity leaders / therapists, the hairdresser and a visiting health care professional. We talked with the registered manager, the owner and the administrator who shared and discussed plans and records with us.

We looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at eight people's assessments of needs and care plans and observed to check that their care and treatment was given in the way that had been agreed.

We last inspected Alandale Residential Home in March 2013 when no concerns were identified.

Is the service safe?

Our findings

People all agreed they felt safe and many people commented, "I feel safe." A person said, "I feel reassured knowing someone is there all the time." Another person said, "All the staff are nice". Another person said, "I'm treated really well here." All the people made similar positive comments about the home. A visiting relative said, "I can relax now knowing X is safe."

Staff showed a good awareness and understanding of different forms of abuse and knew what to do if they witnessed or suspected abuse. There was a clear policy in the home for staff to follow that included reporting to external agencies like the police or social services. Training in safeguarding people was provided to all new staff and there were regular refresher courses for the whole staff team to keep everybody up to date. Staff were aware of the whistle blowing policy and knew how to blow the whistle on poor practice to agencies outside the organisation.

People were protected from discrimination. There was an open, family style culture where staff were dedicated to the wellbeing of people and their relatives.

Risks to people's wellbeing had been assessed by the registered manager and staff understood and consistently followed them to protect people from unnecessary accidents and harm. These were recorded and regularly reviewed within each person's care plan. Individual risk assessments included: risk of skin breakdown for people with limited mobility, not having enough to eat and drink, risks to be considered when people were managing their own medicines and using mobility equipment. Where risks had been identified, for example, if people were unsteady on their feet and at risk of falling, the support needed to prevent unnecessary accidents had been arranged. Staff were given guidelines to follow so that people were protected as far as possible without their freedom and independence being restricted. Equipment was provided, for example, some people had a pressure mat under the carpet by their bed which alerted staff that they were getting out of bed in the night. The staff could then go and help each person go to the toilet when they wanted to go.

Staff reported accidents and incidents to the manager who was responsible for making sure appropriate action had been taken to reduce the risk of accidents happening again. All accidents and incidents were reported to external

agencies as required. The reports were analysed by the manager periodically to check for any patterns and trends so that they could be addressed and they could learn from any mistakes. Action had been taken to change the support given to people in response to these checks. One person had fallen on a number of occasions despite protective equipment being put in place. The registered manager and staff had a meeting with the person and their representative and an alternative plan was put in place. There had been no more falls.

Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. A maintenance person was employed in the home and there was a system for repairs to be carried out promptly. A maintenance folder contained records and plans for all checks that were regularly carried out including servicing of the passenger lift and stair lifts, servicing of the electrical system in the home, portable appliances checks, hot water checks and all hoisting equipment was regularly serviced. External contractors were called when needed. On the day of the inspection the conservatory was being put back to normal following a leak and a new sluice room was being decorated and furnished with a new sluice machine.

Health and safety audits of the environment and equipment were carried out regularly to make sure people were safe in the home.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in an emergency. Arrangements had been made with local services to accommodate people if required.

There were enough trained staff on duty to meet people's needs. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. The staffing levels had recently increased following the last review. There were more staff at busy times of the day. Staff said this had made a difference and people told us staff

Is the service safe?

were always available. People who stayed in their rooms during the day said they called staff when they needed them using their call bell and they did not have to wait long for them to arrive. People said there were also enough staff on during the night. We looked at the duty rotas and spent some time in the lounges and observed that there were plenty of staff.

The manager and senior staff shared an on call system so were available out of hours to give advice and support. Staff did not go off sick very often. There were enough staff to cover holiday times and to step in and cover unexpected absence at short notice.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Safety checks, including police checks were carried out. The registered manager made sure that any gaps in employment history were checked out, recorded interview notes and obtained written references from previous employers to make sure staff were of good character.

Medicines were managed safely. People said they were happy with the way their medicines were managed and said they were glad to hand the responsibility over to the staff. Two staff gave out medicines so that they were checked as they went along. Senior staff gave out the medicines but all staff had received medication training, so

that they were all aware of what to check for. Staff were considerate when giving out medicines and allowed people to take their time, making sure they had taken their tablets before returning to the medication trolley.

People did have the opportunity to manage their own medicines if they chose to. At the time of the inspection none of the people had chosen to manage their own medicines but one person had done this previously. When this happened a risk assessment was completed with the person to make sure they were safe and to see if they needed any support to manage their own medicines.

All medicines were stored safely in lockable cabinets. There was a fridge for medicines that needed to be stored at a cooler temperature. People's creams were kept in their rooms securely. It was clear when medicines that were not in the blister packs had been opened and the use by date was referred to.

Records were clearly completed and there was information for the staff about the prescribed medicines they were handling so that they knew what signs and symptoms to check for. This included medicines that were given routinely and those that were prescribed to only be given when required. The manager carried out audits to make sure there were no mistakes and the community pharmacist visited the home to check the medicines each month. All medicines that were not needed were disposed of safely.

Is the service effective?

Our findings

People said there was a good rapport with the staff. They said they felt confident that the staff knew what they were doing and supported them well. People were complimentary of the food and said it was always tasty and of a high standard. A person commented, "The food is really good. I'm putting on weight – now that's a good sign." Another person said, "The food is gorgeous. It was my favourite yesterday. I like anything with a flavour."

New staff completed an induction during a three month probation period. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provide induction and other training to social care staff. The registered manager provided initial essential training for new staff as recommended by Skills for Care. New staff shadowed experienced staff and were given jobs that helped them get to know people, like going round with the tea and dinner lists that had everyone's name on. Staff explained that this gave them the opportunity to talk to people and get a feel for the home when they first started. Staff attended face to face training, for example, moving and handling, during their induction period and continued to work closely with other staff until they were signed off as competent.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face event training, practical training carried out in the home and on line training including refreshers as needed. Staff were trained in person-centred care, dementia awareness, safeguarding vulnerable adults, equality and diversity which along with other courses provided staff with the skills, knowledge and understanding to support people. Staff talked about recent training courses they had attended, including palliative care, which was about making sure people were comfortable and had what they needed when they approaching the end of their life. The staff said they had found this really interesting and said they felt confident in their roles.

Staff said there was good communication within the team. Any changes to people's care and support that had been assessed and discussed with the manager was passed to the team at the shift handover meetings so that the staff team knew to read the changes in the care plan.

The registered manager held regular one to one staff meetings so that staff had the opportunity to air their views and discuss their training and support needs individually. The registered manager reinforced and reminded staff of the home's policies and procedures and planned future training and improvements suggested from these meetings.

Staff demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager discussed the potential restrictions that had been considered with regard to deprivation of liberty safeguards, for example, the use of the front door key pad. The registered manager had been in touch with the local authority to discuss the need for applications regarding deprivation of liberty safeguards and they were made when needed.

Staff gained people's consent before supporting people and giving care. When decisions had been made about how people wanted to be supported and when they needed help to make day to day decisions these had been recorded in the care plans. People were supported to maintain their independence as much as possible both physically and when making choices. There were clear guidelines for staff to direct their support and minimise people's anxiety and disorientation, so that any resulting behaviour difficulties were responded to appropriately.

The registered manager supported people and their representatives to make decisions about if and when they did not want to be resuscitated if they had a cardiac arrest. Decisions were agreed with health practitioners and the correct documentation was completed so that people's wishes were respected at the end of their life.

People said the food was good and there was plenty of it. People were offered drinks at regular intervals. Jugs and cups were placed on nearby tables and were within reach. People had the choice of where to sit at mealtimes. There was a spacious dining room where people could sit at a table with others or side tables were provided in the lounge. Some people preferred to eat in their rooms, so staff brought their food to them and provided the assistance they needed.

People were offered choices from the menu before the meal and then again when the food was being served. Food was served from a trolley so that people could see what was on offer. There were usually two courses and

Is the service effective?

food was served at the right temperature. People were supported to eat at their own pace. The meals times were relaxed and unrushed and there was the opportunity for people to make mealtimes a social occasion. People were given the support they needed to make sure they ate well. A person commented, "The food is always good. I feel like I'm forever eating and drinking here!"

Special diets were catered for. Some people had health conditions that restricted certain types of food and this was taken account of. Staff recorded what people had eaten and extra checks were made for people who needed it to make sure they were eating and drinking enough.

The registered manager and staff had a clear understanding of people's care and health needs. They were able to explain how they supported people to keep as healthy as possible. When any concerns were identified this was reported to the registered manager or shift leader and other health care professionals were involved. Staff said, "You can tell if someone is not well, by changes in their usual patterns of behaviour or eating patterns and so on. You notice something unusual." The registered manager and staff responded to these changes in a timely way. For example, checks were made if an infection was suspected, health care professionals were called and treatment was arranged. A visiting relative commented, "If something does go wrong they get the doctor in very quickly. I feel reassured that the staff and registered manager know when something is wrong. It gives me peace of mind."

People were able to choose to stay with their local doctors surgery or register with one of the local surgeries if that was

more practical. Some people said they had lived all their lives locally and their doctor knew them very well. People were supported to attend the surgery or their doctor was called out when needed.

Equipment was provided to help people manage health conditions and protect people. People were provided with pressure relieving equipment including special mattresses and cushions to keep their skin healthy. Staff knew how to provide care to protect people's skin from becoming sore or uncomfortable.

District nurses and other health professionals visited the home regularly to support people's health care. The health professionals' advice and recommendations were incorporated into the care plans. A district nurse visiting the home said that they worked together with the staff to support people's health. People were usually given treatment in their bedroom. If for any reason people needed treatment in one of the communal areas a privacy screen was used and people's consent was obtained. This had only happened when it had been the person's (receiving the treatment) own choice.

The registered manager explained that when a person was coming to the end of their life they provided palliative care with support from healthcare professionals. End of life plans were agreed with people and their representatives. The registered manager also sat with people when they were dying to make sure they had everything they needed to make them comfortable.

Is the service caring?

Our findings

Staff said that the home was family orientated and a very caring home. People and their relatives described the home as warm and friendly and several people said, "It's like a family here." Staff said that they felt well cared for as well and said that meant they were able to give better care themselves. A person commented, "If you want anything staff are always here to help you." Another person said, "I can hear the night staff and that is reassuring." People said that the staff listened to them and took their time helping them. One person said, "Staff are always willing to help and you never feel rushed."

People said they felt well cared for and appreciated the effort the staff made to support them on special occasions. One person commented, "We always have a cake and a beautiful bouquet on our birthdays."

Routines were organised around people's needs. Staff knew people's preferences and these were recorded in the care plan. They knocked on people's doors and asked if they want to get up knowing which people liked to get up earlier and which people preferred to have breakfast in their rooms. Staff said, "Some people like getting up and getting their breakfast before they get dressed. They have a bedjacket and blanket to keep them warm sat up in bed." People said they could choose when they wanted to get up. One person said, "I just pull the cord in my bedroom when I want to get up and the staff come to my room and help me." Another person said, "Staff are always cheerful and nothing is too much trouble."

Staff showed sensitivity and compassion when people needed support to manage their physical and mental wellbeing and if they became anxious or disorientated. People were supported with their relationships. Staff had spent time supporting a person who had developed dementia with cards and photos that meant something to them. One person said they felt cold and already had a blanket wrapped around their shoulders but the member of staff came back with another blanket and the person said that felt better and immediately relaxed and looked really comfortable.

Staff spoke with people respectfully and spent time chatting with people. When people had or developed speech or communication difficulties, how to support them was assessed and written in the care and support plan. People were referred to the community speech and language therapy service for advice and additional support to make sure people were supported in the best way. Equipment and gadgets were provided to help people maintain their independence and for their comfort. Some people had super sized TV remote controls in their bedrooms so that they could easily control their own TV channels and the time.

Each member of staff carried a pager which alerted them when people used the call bell. Instead of the call sounds ringing around the house they alerted the staff through their pagers. Then staff checked the call board nearest to them to see who they needed to attend to. Staff said they had set the pagers on vibrate and this made the calls more discrete. Staff and people said that it had made a difference to the noise level in the home which was much quieter and more relaxing.

The hairdresser visited the home every week. People could choose to have a variety of styles including blow-dries and perms. People liked to have their nails done and staff made an effort to help people dress in well coordinated clothes and appropriate for the temperature in the home.

Staff and relatives told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited and said that they enjoyed coming to the home and had all got to know each other. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Visitors explained that they felt involved in the home and able to speak up on their relative's behalf if they needed anything. People said the staff looked after their clothes well. Since the care staff had more time allocated to the laundry tasks relatives said less clothes had gone missing.

Is the service responsive?

Our findings

People and their visitors talked about their decision to move into the home. Some people had a trial stay in the home first by coming in for a short break from their own home and found that they liked it. One person said, “I liked it so much I decided to stay here.” Another person said, “I was a bit worried about coming into a care home but once I was here I decided I was better off here than at home. There is always someone around if you need them and I feel safe.”

Each person’s needs had been assessed before they moved into the home to make sure it would be suitable to meet their needs. People and their relatives were involved in the assessments, which continued when they had moved in and were reviewed if any of their needs changed.

The registered manager spent time with each person and their representative to plan their care. The registered manager had developed a person centred care needs and preferences form that provided the structure for discussions with people about their care preferences. This was then made into each person’s written care and support plan. Everybody had a care and support plan that detailed their preferences in how they wanted to be supported, who was important to them and their contact details and what was important to them. Each person had been able to say how they wanted to be supported for each part of their care. For example, “I prefer to get up and dressed before I eat breakfast.” The staff had got to know people well and had talked about people’s life histories. People’s backgrounds and general interests were included in the care planning. People’s families had been involved in helping give background information and with people’s current interests.

All the care plans had all the information needed to give good care. The new style care plans gave a very clear picture about how to support each person from their perspective in all aspects of their care. They gave further information and background to each need. The plan included things like, “I get forgetful sometimes.” So the guidelines for staff around mealtime choices were, “support this by asking what X would like to eat as near to the time as possible.”

There was a good system of recording all daily care information so that there was an accurate ongoing record of people’s current needs and care given.

Each person had an individual meeting with the registered manager and their representatives to review the care plan. The manager checked the daily notes that the staff wrote and any reported events, incidents or accidents to make sure the care was meeting the person’s needs as part of the review. Any changes were discussed and agreed with the person and their representative.

People and their relatives talked about the activities in the home. They said there was plenty going on and people said they were occupied as much as they wanted to be. Each day there were either games or different entertainers in the home. A coach trip was organised once a month to give people the opportunity to go out for a drive and have a change of scenery. Visitors said they liked joining in with the games too and everyone was enjoying Bingo during one of the afternoons of the inspection.

Some people preferred not to do too much but just look around at what was happening and listen to the entertainers from a distance. There were three different areas that people could sit in: a lounge that was in two parts, a dining room and a conservatory so people were able to do different things. Comfortable chairs were arranged in groups so people were able to have conversations with each other in both the lounges and conservatory. The dining room tables were also used for art and craft activities. On one of the days of the inspection, a group of people were painting and making fabric items in the dining room. People were supported to do the arts or crafts in the way they wanted and some people had portfolios of their paintings. Some of the works of art were on display in the home.

Some people preferred to stay in their room and this was respected. One person said, “I do go downstairs sometimes but like to be in my room most of the time. Games like Bingo are not for me. I’m happy because I have just got a stack of new books from the library.” The staff were mindful that some people who preferred to stay in their room, needed support to keep occupied and avoid feeling isolated. Staff spent time with them and supported them to spend time with their loved ones to maintain their wellbeing.

Is the service responsive?

Every year two parties were organised, at Easter and Halloween, for everyone to get together and give people's friends and relatives an opportunity to visit the home and meet everybody. These parties were described as "wonderful". They said staff dressed up, and they could too, the home was decorated, and the food was 'superb'. One person described the decorations for these parties and Christmas and commented about the most recent event, "I went to bed, nothing was up but when I got up it was completely decorated. It was wonderful. They must have worked all night!"

The parties and other activities that were arranged gave people and their relatives a chance to get to know the staff team and encouraged good communication between everyone. Visitors said they were happy to talk to the registered manager and staff about anything including if they had a concern because they felt confident that the staff team were keen to make sure everyone was content. People were complimentary of the home. A person

commented, "If I had a concern I would just talk to the staff." And, "I would always recommend this place to others." Another person said, "I haven't had a problem but if I did have I feel the staff would sort it out."

There was a complaints procedure that was kept in the front entrance to the home and people were given a copy in their welcome pack when they moved into the home. A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions.

There had been meetings in the past for people and their representatives but they had not been particularly successful in enabling everyone to take part and have their voices heard equally so these had been discontinued. Instead, the registered manager spoke with people individually and this gave people the opportunity to say if they wanted something changed or had a concern. People said they were happy with this and felt that they were listened to by the registered manager and staff.

Is the service well-led?

Our findings

People said that the owner and registered manager were very approachable and the home was well managed. A person said, "If you want something you only have to ask. That's a nice feeling." People and their relatives explained that they were asked for their views about the home and they were listened to. One of the relatives had suggested that staff have their name on their uniform to remind people and relatives of their names. They said they would prefer to call staff by name but could only remember some names. Initially staff wore name badges but these were awkward, they fell off, they caught on things, so staff considered other options and came up with the idea of embroidering their names on their uniforms. People and visitors said this had made a real difference and they liked being able to check the name of the staff they were less familiar with. This demonstrated the team work and ethos of the home, where everyone worked together to support each other to get the best for each other.

Staff said the registered manager was always available when they needed her and went 'the extra mile'. Staff understood their roles and knew what was expected of them. The registered manager directed the care provided but also got involved. She spent time with people every day. On the day of the inspection the registered manager was walking around the home, talking to people, checking how they were feeling, giving some assistance and helping people read their letters when the post arrived.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The home had links with the other organisations and forums to share and promote best practice, for example Skills for Care and the Care Homes Forum. This meant that the home received updates to current best practice that the registered manager could use to reflect on the practice in the home.

The owner and registered manager carried out regular checks and audits of the environment to make sure the home was in good repair. They also checked records, staff

training and support to make sure that they were being completed properly and staff were able to carry out their jobs well. They had meetings and discussions with people, their representatives and staff to determine the priorities for each year. The registered manager spent time with each person finding out what they thought was good about the home and what they thought could improve. The registered manager had found that the best way to get people's feedback was to speak with them and their representatives individually rather than in group meetings.

Surveys were given to people and sent out to relatives and visiting professionals each year to gain people's overall views of the service. This also gave people the opportunity to provide feedback anonymously. Newsletters were sent out to families, friends and representatives to let them know of planned events including the two annual parties and news about the home. The feedback surveys were sent out with the October 2015 newsletters. Feedback from comments and surveys were collated and a graph was produced so it was easy to see where the home was performing well and what improvements needed to be made. By the time the responses were received and the owner and registered manager had met to discuss the results together with the feedback during meetings with people, they were ready to design the development plan to start in the new year for the year ahead. The feedback report was published and given to people along with the development plan that was compiled from the results.

The development plan this year had actions allocated to complete to improve the home. These included the review of the care plan style and content to make them more person centred, installing a new sluice room that had just been completed at the time of the inspection and a plan to extend the upstairs bathroom.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.