Ian Nicoll

Elliott House Care Home

Inspection report

22 Reculver Road
Beltinge
Herne Bay
Kent
CT6 6NA

Tel: 01227374084

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 30 and 31 August 2017. It was an unannounced inspection.

Elliott House provides personal care and accommodation for a maximum of 70 older people. Some people are living with dementia. The accommodation is across three floors and there is a separate part of the home for people with dementia, called Poppy unit. Elliott House is a large home set in extensive grounds. There is parking along the drive at the front of the home. At the time of the inspection 56 people were living at the service.

At our last inspection in June 2016, the home was in breach of one of the regulations regarding safe staff recruitment and there were some improvements needed to meet this. The provider sent us an action plan outlining how they would make the improvements. At this inspection improvements had been made to staff recruitment and there were no breaches.

At this inspection some other improvements were needed. In Poppy unit staff were responsive to people's choices and when a person became unwell but this left insufficient staff support for people in the dining room to make sure they ate their lunch well and in a dignified way. The registered managers found a solution immediately we brought this to their attention by changing some of the staffing arrangements. Some of the language the staff used was not person centred and this needed improvement. The registered managers were aware of this training need and were addressing it.

People and their relatives were complimentary of the service and the registered managers. A person's relative told us, "If I have to go in a care home, this one is one of the best." Feedback we received from health and social care professionals was all positive.

There were two registered managers in post who worked together sharing the role between them and both were present at this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us that they felt safe living at Elliott House. Staff understood how to protect people from the risk of abuse and the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered managers if they had any concerns and were confident appropriate action would be taken.

There were enough staff to keep people safe. Staff were checked before they started working with people to make sure they were of good character and had the necessary skills and experience to support people effectively.

Staff were trained to support people's health and wellbeing, including specialist training to support people's changing needs. Staff met regularly with the registered managers to discuss their training and development needs and the registered managers worked alongside staff some of the time. The registered managers addressed any issues if staff were not working as they should so that the staff team worked together effectively.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered managers 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, and applications had been made for renewal, for people who needed constant supervision to keep them safe. There were no unnecessary restrictions to people's lifestyles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Each person had a care plan that included their preferences and all the information necessary to meet their individual needs. Risks to people were assessed and managed without restricting people. People were involved in the assessments and planning and staff had a good understanding of making sure people had the right support to make decisions and give consent to care.

People were supported to have a nutritious diet. If people were not eating or drinking enough their food and fluid intake was monitored. Referrals were made to health care professionals, such as dieticians, when required.

People were supported to keep well and healthy and if they became unwell the staff responded promptly and made sure that people accessed the appropriate services. People received their medicines safely and when they needed them, by staff who were trained and competent.

There were a variety of activities available to keep people occupied. People were enthusiastically joining in with a music and movement session, playing ball games or quietly reading, playing dominoes or colouring. Some people were not doing anything although they said they were quite happy. Another activities coordinator had been employed and they were in the process of developing the activities on offer, including arranging outings and outside entertainment.

People, staff and relatives told us that the service was well led and that the registered managers and staff team were supportive and approachable and that there was a culture of openness within the service. People were treated with kindness, patience and respect. People were given the right support to maintain their independence as much as possible.

The registered managers had created a clear direction for the home and improvements were on-going. There was a good quality monitoring system that was based on feedback from people, their relatives and representatives and feedback was requested from visitors including health professionals. The registered managers carried out checks and audits of the service and had an improvement and development plan for the services based on the feedback and outcome of their audits.

People and their visitors told us that if they had a concern they would speak to the registered managers or any of the staff. There was a clear complaints procedure and opportunities for people to share their views

and experiences of the service.

Checks on the equipment and the environment were carried out and emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered managers were aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

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.

The recruitment process was thorough and people were only supported by staff that had been considered suitable and safe to work with them.

There were enough staff to meet people's needs.

Risk assessments were designed so that people had the support they needed and were protected from avoidable harm. People were protected from the risks of abuse.

People were supported to take their medicines safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People in Poppy unit were not supported enough at lunchtime to meet everyone's individual needs and maintain their dignity.

In the main home, people were supported to eat a healthy varied diet and at their own pace.

There was an on-going programme of training and support for the staff. Some training and guidance was needed with regard to language and person centred care.

People were always asked for their consent when being given care. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain good health. Additional training had been provided to enable staff to support people's varied health needs effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Care was

given in a respectful and dignified way.

Staff took time to understand what people were expressing to enable people to make choices and decisions about their care.

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

Is the service responsive?

Good

The service was caring.

People were treated with kindness and compassion. Care was given in a respectful and dignified way.

Staff took time to understand what people were expressing to enable people to make choices and decisions about their care.

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

Is the service well-led?

Good

The service was well-led.

There was a warm, friendly culture where people and their relatives said they were listened to.

The registered managers were clear about their responsibilities and staff were well supported by the leadership in the home.

The registered managers encouraged people, their relatives and staff to share their views which were taken into account in the running of the home.

Elliott House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 30 and 31 August 2017 and was carried out by two inspectors and two experts by experience. 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 gathered and reviewed information about the service before the inspection. The registered managers 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 the notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During our inspection we spoke and spent time with 22 people, six people's relatives and visitors. We made observations throughout the service, looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered managers and 11 members of staff. We looked at eight people's care plans, risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision records, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected Elliott House Care Home in June 2016 when there was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the registered managers had

continued to make improvements and all the regulations were met.

Good

Is the service safe?

Our findings

People told us they felt safe in the service and staff were around to help when needed. A person commented, "I can't grumble. I'm better off here than at home on my own." A person's relative told us, "The change in management has made a big difference, when I visit I can definitely see that there are now more staff around…would never put [person] in danger, [person] very settled here, and it's a very caring home." Another person's relative said, "Sadly I could no longer care for [person] at home – at least I know [person] is safe here."

At our last inspection there were some gaps in the recruitment checks and the service's recruitment procedure had not been followed consistently. This had led to a breach in the regulations. We asked the provider to take action.

People were supported by staff who had been recruited safely. Since the last inspection improvements had been made and the registered managers had revised the staff recruitment processes. All necessary safety checks had been carried out prior to staff working at the service including police checks and references were obtained. Any gaps in employment history were checked. Some additions had been made to the application form to ask questions about any past incidents or issues that may need to be checked out and taken into consideration about a prospective member of staff's suitability. Staff all had an interview and there was a trial period of time before they were fully employed.

There were some staff vacancies and these were currently being covered by regular agency staff and permanent staff working additional hours. Staffing levels were worked out using a dependency tool and the registered managers made sure they only admitted people that they had the staff capacity to care for. A person told us, "There is always someone about. If any of them are ill they get agency staff to cover. If I need staff when I am in my room I just press the bell by my bed. There's always a good response. Staff always come and check to see what help you need. If they are helping another person and you can wait, they tell you they will be back in five minutes and they always come back."

The building was large and spread out so there were times when staff were in different parts of the service and people were in the lounges or their rooms without staff present but everyone told us that they knew how to gain staff attention when they needed it. There were call systems in place and in one of the lounges one person took the responsibility to call staff if another person needed them, so staff were in attendance quickly if required. A person commented, "There are always staff about. If you need someone all you have to do is ask someone to press the red buzzer over there." Another person said, "I press the bell if I need a staff member or call out if I see them passing." We heard the call bells and saw that people did not have to wait long for assistance.

Staff were constantly going in and out of the lounges and wherever people were and bringing people who needed assistance into the lounges, to the dining rooms or back to their bedrooms. Staff assisted people using the hoist in pairs working together and chatted to people as they worked. Staff explained to people what they were doing and gained permission before moving people using the hoist. There were clear risk

assessments and guidelines for staff to make sure they were moving people safely and in the right way. A person told us that it was necessary to hoist them from bed to chair. They said it was not a pleasurable experience, but one they understood was necessary and said the staff tried to make it as comfortable as the equipment allowed. A person's relative told us, "I always see staff around. [Person] always needs two carers to hoist them in and out of bed. They always have a laugh and joke with [person]."

Risk assessments had been completed for individual needs and the environment to make sure people were protected from harm as much as possible. These included risks when people had health conditions that affected their mobility, skin, swallowing and falling. Some people were at risk of developing pressure sores. There were clear assessments and information in people's care plans to tell staff what they needed to do to prevent skin sores and people were provided with equipment including cushions and mattresses to help. None of the people currently living at Elliott House had a pressure sore. There had been two recent incidents when people had come to the service with pressure sores. The staff had worked closely with the district nursing services and people's sores had healed.

The registered managers monitored any accidents, incidents and falls for patterns and trends. They had a folder where they recorded where incidents occurred so that they could check for environmental causes. They checked individuals to see what the cause may have been, for example, a health condition that may be causing imbalance. Following this they made appropriate repairs or a referral to the falls team and GP as required.

People were kept safe from avoidable harm and protected against abuse as much as possible. Staff had received training and confidently described the different types of abuse. There was a clear procedure to follow and they knew how to report any incidents or concerns if they suspected abuse, both in the service and to outside agencies. People and their relatives said they trusted the registered managers and staff and knew they would respond appropriately if there were any concerns. The registered managers had followed the Kent and Medway multi-agency protocols and we could see that incidents and concerns that had been raised over the last 12 months had been reported correctly and investigated thoroughly.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included making sure that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. 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 has to ensure that they can be safely evacuated from the service in the event of an emergency.

People were given their medicines safely by staff who were trained and assessed as competent. A person told us, "I have no concerns really – I have complete confidence that the correct medication will be given to me at appropriate times."

There was a clear administration process, staff took their time and were considerate when they gave people their medicines. Two staff gave out medicines to people from two trolleys and this reduced the overall time and helped with the smooth running of the medicines administration. Both staff wore tabards so that it was clear what they were doing and they were able to concentrate. People were offered a choice of drinks to help them swallow and staff made sure people had taken their medicines before returning to the medicines trolley.

Some people had medicines prescribed that they only took when they needed them rather than at set times

each day. These were for things like pain or anxiety. There were clear protocols with guidelines for staff to follow to know when and how much of the medicines to give; and when to seek further advice about continued use. However, one person had been prescribed a calming medicine to help when they became anxious but there was no protocol in place to guide staff to know what signs to look out for to know when the person became anxious and when they should give this medicine. Staff had a good knowledge of the person and said they reported any concerns or changes that they observed to the senior staff and registered managers. We pointed this out to the registered managers who immediately put a protocol in place.

Medicines were clearly recorded at the time of administering. There were separate administration records for medicines that needed extra checks and for the 'as needed' medicines that included the reason for giving the medicine and how much of the medicine remained.

All medicines were stored safely in lockable cabinets, dated when opened and disposed of according to guidance. Medicines that needed to be stored at cool temperatures were kept in a medicines fridge and the temperature was correctly monitored. People's creams were kept in their rooms securely.

Equipment used as part of the medication process was routinely monitored. For example, blood glucose monitors were calibrated weekly, and any issues recorded. It was noted that staff recorded a concern about the accuracy of the machine, and a new machine was immediately purchased, with no concerns recorded since.

Requires Improvement

Is the service effective?

Our findings

People said they felt confident with the staff who supported them well. A health and social care professional commented, "I find the staff are always very helpful and well informed about their residents, which is not always the case when visiting homes. The residents are well looked after and the home strikes a good balance between calling the surgery when necessary and not calling for very minor things."

During our observations on both days of the inspection we saw that staff were having difficulty managing people at lunchtime in Poppy unit. Usually there were three staff supporting people to eat their meal but on both days of the inspection this support had been reduced to one staff supervising the majority of people in the dining room. This was because two people had decided to eat in the lounge so one staff was assisting them. One person in the dining room had become unwell so needed assistance and one of the staff also gave people their medicines. People needed more assistance than the one member of staff available was able to give them. While the staff member was assisting a person to eat other people were playing with their food or leaving the dining room without eating their food and some people were calling for help and having to wait. Making sure staff were sufficiently deployed in Poppy unit to support people's individual needs and dignity at mealtime was an area for improvement. When we brought this to the registered managers' attention they made arrangements for the activities coordinators to provide the flexible staff support needed at lunchtime.

In the main part of the service, mealtimes were social occasions and meals were served in a variety of different ways to support people's nutritional needs. People were chatting and music was playing in the main dining rooms. People could choose to eat quietly in one of the lounges or in their rooms if that was their preference. Meals in the main dining room were served straight from the kitchen through a hatch and meals taken to the other dining rooms, upstairs or into the Poppy unit were taken on a trolley. People had the equipment they needed to help them eat independently, for example, plate guards and spouted beakers or straws. People who needed help to eat were assisted sensitively and at a pace that suited them. Consideration had been given to people's dignity, for example, people drank out of clear tumblers that looked like they were made of glass but were plastic for safety. Portion sizes varied depending on people's appetites and people were gently encouraged to eat if they needed support. Supplements were provided for people who needed additional nutrition or had poor appetites and food and fluid intake was monitored. People were referred to the dietician when there were concerns and further advice was sought. Clear records were kept and guidance in the care plans was up to date. A person told us, "The food is alright here. I'm not very finicky. I'm just glad I don't have to wash up."

Staff had a good knowledge and understanding of the needs of the people in their care. There was an on-going programme of training which included face to face training, practical training carried out in the home and on line training including refreshers as needed. Some training for example, first aid, moving and handing and safeguarding was time limited and needed refreshing in line with the service's policies and relevant legislation. Some staff's time limited training was overdue but the next courses had been booked and there were enough staff in the team who were up to date to support the rest of the team.

The care we observed was person centred and we observed good communication between the staff and at handover meetings so that each member of the team was up to date with what was happening in the home. A couple of comments made by staff referred to the tasks, for example, "...when I've finished the transfers", which could be disrespectful to people. We spoke to the registered managers who said they would follow this up in one to one supervision meetings and by attending the hand over meetings. Further education and guidance in person centred care with reference to the language staff use is an area for improvement.

Practical training had been given to staff in moving and handling and staff had experienced being in the hoist as part of this training. A relative told us, "All staff are trained on how to use the hoists. Two staff are present when using the hoist and [person] is always transferred safely". Another relative told us "Staff hoist [person] in and out bed. The staff always chat to [person] when they are being moved and [person] is always smiling when they are being moved so they must be comfortable." Most of the staff had attended dementia awareness training and staff were also encouraged to attend more in depth training that ran over a series of weeks that gave them a greater understanding and practical knowledge in supporting people with dementia. Staff were working towards, or had achieved, a national vocational qualification (NVQ) in care to level two or three and staff told us they were well supported with this. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard.

Training specific to the care provided at the home was also available to staff, and staff were assessed to ensure the training was effective. For example, senior care staff were trained by the community nursing team on how to care for a person living with insulin-dependent diabetes. This training included an assessment of competency and observation of practice on several separate occasions before the staff member could be signed off by the community nurse as competent.

When staff first worked at the service they were given an induction which included working alongside established staff and essential training for safe working practices. The induction was based on the Care Certificate, which is an identified set of standards that social care workers work through based on their competency. Staff were then signed up for the NVQ. Both registered managers were booked on a Skills for Care training course to fully implement the Care Certificate induction training. Skills for Care is national organisation for workforce development in adult social care in England.

The registered managers had links with Skills for Care and accessed their workforce guidance, training and support. Staff competency was checked through observation by the registered managers and discussion in one to one supervision meetings. A health and social care professional commented, "They have embraced change well from a medical perspective, taking on insulin management, homely remedy usage and using a new urinary tract infection management flowchart which has been developed for care home use locally."

People and their relatives told us that they were supported to stay as healthy as possible and had access to their GP, optician, dentist and community nurses if they needed to see them. People's health and wellbeing was monitored carefully. There were clear assessments and guidelines for staff about what healthcare each person needed. A person told us, "I have had pressure sores but none since I have been here. When I wash myself I always get staff to check my [skin] and apply cream." A person explained to us how supportive the managers and staff had been with their wellbeing when they had felt down.

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.

At our previous inspection the registered managers were in the process of revising the care planning system to include MCA. At this inspection they had completed this process. When people lacked capacity there were clear processes to follow to support people to make decisions about their care that included best interest meetings with people's representatives. There were MCA assessments in people's care plans and the relevant documentation showed the decision making processes. All care plans included a consent form allowing staff to provide care, share relevant information with other healthcare professionals, and use photographs to document or track care.

Staff had received training and had a good awareness and understanding of the MCA. Staff spoke confidently about their role and how they supported people to make decisions when people's capacity fluctuated.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Some people were constantly supervised by staff to keep them safe. The registered managers had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for some people to make sure that the constant supervision was lawful. The registered managers had a tracker list so that when the applications were due for renewal they were renewed in a timely manner.

Good

Is the service caring?

Our findings

People and their relatives told us they were well looked after and were complimentary of the staff saying they were kind and caring. A person said, "All the staff are very kind to me." "I love the staff; I always have a bit of fun with them. They are all a good laugh."

Staff treated people with compassion and kindness. Some people could become anxious and staff explained that they had learnt how to recognise this and gave people reassurance. A person told us, "Staff notice when I am a bit down straight away, come and see me and give me a big hug. They won't leave you all on your own. It's good to know someone is there for me." A person's relative explained that they were often in the home and staff were consistently kind and gentle with people. They commented, "I only hear kindness and concern when staff members are dealing with residents. They speak to them kindly and gently. I feel this attitude of the staff to the residents is something that is never put on but that they show genuine care."

People were supported to maintain relationships with people that were important to them. There were three double rooms for people to share if they wished, including married couples. One person held their loved one's hand and told us, "I'm just happy that we are together and we have nothing to worry about."

Staff had a good knowledge of people's background history and interests and responded to people appropriately when giving care. Staff had a good rapport with people, stopping as they were passing by and chatting about things that were important to people. Staff took their time and offered people care at a pace that suited them. A person told us that the staff were, "Never rushed and always have time for a chat."

People looked well cared for, clean and well groomed. People told us that they were assisted to choose their clothes and were wearing co-ordinated tops and skirts/trousers. A person's relative commented, "[Person] always likes to wear their brooches or necklaces, the staff always make the effort to ensure that they match [person's] outfit." Another person's relative commented, "Overall my [loved one] is getting good care. Always looks nice and clean and tidy. [Loved one] seems quite happy here."

People said they were listened to and staff supported them to say how they wanted to be cared for. When English was not people's first language, staff listened to them patiently and enabled them to successfully express what they wanted. There was clear guidance in the person's care so that staff had the information they needed to respect the person's culture.

People were supported by their families and friends to make decisions and have the explanations and information they needed for this. The registered managers made sure that people were aware of advocacy and support services when needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. A health and social care professional commented that they had worked with the registered managers and staff team supporting them with some "Very challenging [people with] dementia and also with end of life patients, who they manage well."

People were encouraged to maintain their independence as much as possible. Staff responded flexibly to people depending on how they were feeling each day. People were gently assisted and encouraged to get up, gain their balance and walk using their walking frames. A person told us that they were usually fairly independent and commented, "If I am feeling unwell the staff will help me wash." A person's relative explained that their [loved one] liked to spend a lot of time in bed. They commented, "All the staff spend time with [person] and generally have a laugh and joke with them."

Staff protected people's privacy as much as possible. Staff knocked on people's doors, enabled people to spend time alone by making sure they had the means to call staff if they needed them. People told us that staff respected their privacy and allowed them to decide how much assistance they wanted from the staff.

People's care plans and records were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Good

Is the service responsive?

Our findings

The registered managers made sure that they would be able to meet people's needs and that people would be compatible with other people using the service before they moved in. A thorough assessment covering the prospective person's essential health and wellbeing needs was completed and formed the basis of the care plan.

Each person had a written plan of care and support. The plans included all areas of people's care and support needs and gave clear guidance for staff to meet these. The plans included details about people's health needs and risk assessments. If people's needs changed the plans were reviewed and updated. People's individual preferences had been taken into account. There was an additional 'My Life' booklet that was completed by the person and their representative. This gave information about past lifestyle and interests, family background and what was important to people. These were updated and some of the booklets included photos of people who were important and significant events and places.

Staff supported people to maintain relationships that were important to them and helped people to attend important family events. People's 'My Life' booklet contained contact details of people's families and friends. People and their visitors were appreciative of how the staff supported them. A person's relative told us, "One of the staff brought [person] to my wedding for me," and told us how much this had meant to them. People were able to have visitors as much as they wished. Visitors told us the home was welcoming and they were always offered refreshments.

A range of activities were organised to occupy people. A music and movement session was held in the main lounge and again later in Poppy unit, by a visiting activities entertainer who came to the home twice a week. People were encouraged to join in and were energetically waving paper shakers to the lively music. People were familiar with the songs and movements they were to perform as part of the session. Details of a full activities plan for the week was displayed on the notice boards. People who did not wish to join in with these activities were able to go and sit in a quieter area of the home, including small seating groups in another lounge, in the foyer and in the library. When people wanted to watch the TV the seating could be rearranged so that they could see and hear it. Some people preferred to spend time in their bedrooms where they had their belongings around them and this was respected. People had call bells so they could request staff assistance when needed. A person was sat away from the activity and told us, "I prefer sitting quietly here. I have got my colouring book and pencils and have been colouring some pictures, it keeps me busy." Another person was sat watching a quiz programme and having their nails manicured by a care staff and commented, "This young lady is good at keeping my nails looking nice."

Since the last inspection another activities coordinator had been employed, so the number of activities and the time spent providing activities had increased. There were a variety of games, books and some tactile memory items. Activities equipment including more reminiscence boxes for people and a board with bolts, locks and handles for a person who particularly liked these were being made. The new activities coordinator had compiled a list of activities that people said they were interested in. At the recent 'residents meeting' there had been discussions about potential planned trips.

Staff encouraged people to come into the lounges or other communal areas of the home to avoid social isolation. Staff respected people's decisions. A member of staff spoke kindly to a person in their room and when they declined to go to one of the lounges they offered to put some of their music on or asked if there was anything they would like to do in their room. Some one-to-one activities were offered to people. One person stopped reading the paper to play a game of dominoes with the activities coordinator.

People and their relatives were able to express any concerns and these were taken seriously and responded to. A complaints procedure was on display and visitors said they were confident to share any concerns with the registered managers and staff and knew they would be responded to appropriately. There was an easy read version. People told us that they had not raised a complaint but said that they felt able to raise any issues with staff. People's relatives told us if they had raised an issue they felt it had been dealt with promptly. All concerns were recorded and all records were kept confidentially. The registered manager checked the records for any patterns, for example, if there were minor complaints from the same people that may indicate a larger problem that could be addressed in a different way to resolve them.

Good

Is the service well-led?

Our findings

People said they felt the service was well-led. One relative told us that they had been one of the people who had raised concerns previously about the home. Now they said they were happy with the new management and staff, commenting, "I'm very happy with the quality of care, I cannot fault them. The staff are wonderful." Another person's relative told us, "When I arrive I speak to the managers and have a little banter and they let me know how [my loved one] is. The home now has a warm friendly atmosphere"

There was a warm, friendly culture in the home with people looking comfortable in the company of each other and staff. There was lots of friendly banter and laughing in some parts of the home and other areas where people were able to quietly relax and still had a quick chat with staff as they went past. Staff said they felt confident in the leadership in the home.

A person's relative told us that the home had improved considerably since the new registered managers had taken over management of the home. They commented, "I don't panic that [my loved one] is not being looked after. I can now relax and enjoy my holiday knowing that [person] is being looked after".

Both registered managers had achieved the level five vocational qualification in social care and had signed up to an additional qualification to support their learning, knowledge and development of the role.

People told us that they often saw the managers walking around the home and had seen them helping out if a staff member was off. They described them as 'easy to chat to'. People's relatives told us that the managers operated an open door policy, were approachable and easy to talk to and had a good knowledge about their loved ones.

The registered managers carried out regular assessments and audits of the service to make sure everything was running smoothly and plans and records were up to date and meaningful. Audits were carried out routinely and registered managers had acted on issues identified. The medicines audit had effectively picked up gaps in the recording of medicines and this had been followed up to make sure people had received their prescribed medicines and had been identified as a recording issue.

The registered managers had prioritised and dealt with situations that may have been a risk to people's safety and wellbeing and safety. They had reported incidents to the appropriate authorities and had investigated incidents and accidents when authorised to do so. Investigations were thorough and lessons were learnt and processes and procedures reviewed to prevent future incidents as far as possible. The registered managers had followed disciplinary procedures and supported staff with further training as appropriate.

The registered managers had a good quality assurance system that focused on monitoring practice, putting things right and responding to feedback. People, their relatives and staff were asked for their feedback about the service on a regular basis. Quality assurance surveys were sent out to people, relatives and stakeholders to gain their views and these could also be received anonymously. Quality assurance surveys

had been completed, analysed and reviewed.

Meetings were held monthly for people to air their views, make suggestions and talk about any issues. The contents of meetings was recorded and included in the registered manager's action plan for improving and developing the service.

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 registered managers had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed in the service and on the provider's website in line with guidance.