Care Quality Commission

Community Integrated Care

Gardner House

Inspection report

Brierton Lane
Hartlepool
Cleveland
TS25 4AG
Tel: 01429 261023
Website: www.c-i-c.co.uk

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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

The inspection took place on 27 and 28 October 2014. This was an unannounced inspection. We last inspected 21 October 2013. At that inspection we found the home was meeting all the regulations that we inspected.

Gardner House provides residential care for up to 29 people, some of whom were living with dementia. At the time of our inspection there were 19 people living at the home.

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

People we spoke with told us they felt safe living at the home. One person said, "It's nice to know that other people are about to look after me." Another person told us, "I used to be frightened being alone in my own house,

Summary of findings

but not now." One relative told us, "The staff do everything they can to take care of [family member] and make sure that they are safe here. I could not think of any reason to think they were not safe."

People lived in clean and tidy accommodation and the service worked with the infection control lead for the area to maintain this.

Staff at the home were trained to administer medicines to people safely and securely. People told us they received their medicine on time and no issues were reported to us.

Staff we spoke with had a good understanding of safeguarding procedures. They also knew how to report any concerns they had and would not be frightened to do that. The provider had procedures in place to monitor and investigate safeguarding concerns.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decision. The registered manager had also made DoLS applications to the local authority when that was required.

Staff had a good understanding of how to manage people's behaviours that challenged the service and had individualised strategies to help them manage people's behaviours that challenge.

People who used the service, relatives and staff all told us they felt there were enough staff to meet people's needs. The registered manager monitored staffing levels to ensure enough trained staff were available to meet people's needs. The provider had systems in place for the recruitment of all staff at the home, including suitability for the post, full history, references and security checks.

The registered manager had a programme of staff training in place and monitored this to ensure that all staff were kept up to date with training needs.

The provider employed a maintenance person who completed regular checks on the building to ensure people's safety. The provider also had emergency procedures in place for staff to follow and staff knew how to access this information and how to use it.

People told us they enjoyed the food that was prepared for them at the home. One person said, "You cannot please everyone all the time, but I am very happy with what I get to eat." One relative we spoke with told us, "The food always looks nice." Another relative told us, "Staff often ask if we want to stay for meals, they are very good." We found that people received nutritious meals and refreshments throughout the day.

Where people needed support, this was given by carers who received consent before beginning any activity with the person. People were respected and treated with dignity, compassion, warmth and kindness and every person that we spoke with highlighted the quality of care provided by staff at the home. One relative told us, "The care is exceptional." We saw lots of laughing by people and staff during our inspection.

People were treated as individuals and monitored so that any changes in their needs were identified and measures put in place to address that change. Care records were regularly reviewed and discussed with the person and their relatives.

Gardner House had been awarded the Gold Standard Framework for end of life care, and one relative told us, "The staff were exemplary and could not have done anything more for my relative." The Gold Standards Framework (GSF) for end of life care is an accredited national training programme originally set up by the NHS. The national GSF Centre awards certificates to care homes who have completed the training programme.

People had choice. We saw individual personal items decorating people's bedrooms and people choosing to have meals in other parts of the home, other than the dining room.

We saw activities taking place at the home. One relative told us that a number of staff had fundraised to provide various activities and other items for the people who lived at the home. They told us, "If there is something that the residents need, the staff hold events or raise money in all sorts of ways."

There had been no complaints at the home since 2013, but the manager had dealt with previous complaints effectively. We saw that there was a complaints procedure on display for everyone to see and people and their relatives were aware of what to do if they needed to share a concern or complaint.

Summary of findings

People and their relatives were able to give feedback to the registered manager and staff through meetings and also surveys that were carried out. People and residents told us that staff were open to discussion and acted upon items that needed to be addressed.

The registered manager monitored the quality of the service provided by completing a number of audits (or checks) within the home. When issues were identified, we saw that measures had been taken and outcomes recorded. We also saw that the service was monitored by the regional manager who visited regularly and completed their own internal checks.

We were told by a community nurse of occasions where people with bed sores had been well cared for and the wound had healed. We also saw evidence of partnership working with external providers and healthcare professionals for the benefit of people living at Gardner House.

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?

Good

The service was safe. People told us they felt safe living at Gardner House.

All medicines were stored, administered and disposed of safely. Appropriate risk assessments were undertaken for people in order to reduce incidents and accidents.

We found that there were processes in place to ensure that suitable staff were recruited and enough staff were always on duty. There was also an emergency on call system to the manager should an incident have occurred that required additional staff.

People's bedrooms were clean and tidy, as were communal areas. The staff worked together with infection control teams to maintain cleanliness within the home.

Staff knew how to identify any safeguarding concerns and the necessary actions to take in response.

Is the service effective?

Good

The service was effective. The manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS). The manager had also applied for DoLS for three people living at the home and this had been granted in the people's best interests.

People's nutritional needs were met and people could choose what they ate. When people were identified as requiring specialist support to meet their needs, this was provided by relevant healthcare professionals.

People's bedrooms had been adapted for wheelchair users and gardens were also wheelchair friendly.

Staff at the home had been provided with a full induction and training programme to enable them to support the people in their care.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect and we saw many examples of this throughout our visit.

We heard lots of laughter and there was a constant homely atmosphere throughout the home.

The home had been awarded a Gold Standard Framework (GSF) for end of life care by the national GSF Centre and provided people with gentle kindness and compassion at the end stages of their life. Relatives were able to confirm this with nothing but praise and trust for the staff.

Sources of information were available to all people and visitors to the home within the reception and office areas and both people and relatives told us they felt involved in the care provided.

We were told that staff went the extra mile for people living at the home and this was confirmed by a number of people that we spoke with and their relatives.

Is the service responsive?

Good

People's needs were assessed and care plans were developed to meet any identified needs, including risk plans to promote people's safety. Reviews regularly took place.

Summary of findings

People's likes and dislikes were gathered as well as a history of their family and background to help staff better understand and support them.

A range of activities were available and people had a choice in what they chose to do, including eating meals in the dining room or elsewhere.

The home's complaints procedure was available in different formats. People were aware of how to complain. None of the people or family members we spoke with had made a complaint about the care they received.

Is the service well-led?

Good

The service was well-led. The home had a registered manager who was on holiday at the time of the inspection. We found the senior care staff were trained to be able to manage the procedures within the home in the absence of the manager and knew whom to contact if support was required.

The manager had set up in-house audits to ensure that regular checks were carried out to protect people and ensure they received good quality care.

There was good communication between staff at the home, with daily handovers being completed. These ensured that any issues identified were discussed and highlighted so that all staff were aware of them.

The manager and all staff at the home worked well with others to ensure the best possible outcome for the person living at the home, for example community psychiatric nurses and end of life care teams.

Gardner House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 27 and 28 October 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector. On the week of the inspection the registered manager was taking annual leave but we spoke with them on their return.

We did not receive a Provider Information Return (PIR) before we undertook this inspection. A PIR 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. The registered manager told us that they had not received a request for a PIR to be submitted, but upon further investigation found the request. It had not been received due to technical issues with the home's email account which we had been told about at the inspection. This problem has now been resolved and the provider returned the PIR retrospectively.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales. We contacted the infection control lead for the local area, the local authority commissioners for the service, the local Healthwatch, the clinical commissioning group (CCG) and the local safeguarding team. We did not receive any information of concern from these organisations. On the day of our inspection we spoke with a community nurse who was visiting the home.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service and eight family members/carers. We also spoke with the registered manager, three senior carers and five other members of staff, three of which were carers. We observed how staff interacted with people and looked at a range of records which included the care records for five out of the 19 people who used the service, medicine records for the same people and recruitment and training records for four staff. We also looked at four weeks of duty rotas, all maintenance records, all health and safety records, menus and all quality assurance records. We also looked at a range of the provider's policy documents.

We asked the manager to send us copies of the staff training summary, survey information from people who live at the home and further provider audit details. We were sent the information immediately on the manager's return.

Is the service safe?

Our findings

We asked nine people who lived at the home if they felt safe and they all responded positively. One person said, "It's nice to know that other people are about to look after me." Another person told us, "I used to be frightened being alone in my own house, but not now." One relative told us, "The staff do everything they can to take care of [family member] and make sure that they are safe here. I could not think of any reason to think they were not safe."

People told us that they thought there was enough staff to look after them, one person told us, "Staff are always busy but they generally come very quickly to see to us if we need them." The registered manager had appointed a number of bank staff to cover any shortfall in staffing hours due to sickness or holiday. Staff told us they were busy, but could manage the care of people who they supported at the home.

Before we visited Gardner House, we spoke with the infection control nurse lead for the area who told us that they had no concerns with the provider. They told us that staff were very proactive in addressing infection control. The registered manager had also appointed two staff as infection control 'champions' to attend meetings with the nurse lead and ensure that the rest of the staffing team were kept abreast of any developments within the area or any issues that may effect people, visitors or staff at the home.

People told us that the staff kept their bedrooms clean and helped them to keep their clothes clean and tidy. One person said, "They [staff] wash my things and hang them in the wardrobe for me." One relative told us, "Staff look after the clothes well considering the amount they have to do, we had one item went missing once but it turned up and have not had a problem since." We found the home to be clean and tidy with no malodorous smells. Staff were observed using protective equipment when providing personal care to people. We visited the laundry and spoke to staff about the procedures they would follow when people's clothes and bed linen required changing. They were able to tell us the correct procedures they would follow which were in line with the provider's policy. We also examined four weeks of cleaning rota's which showed which parts of the home had been cleaned on a daily basis and enabled the registered manager to check that adequate levels of cleanliness were maintained. Staff told us that they had received training in infection prevention and training records we viewed confirmed this. This meant that people who lived at the home were better protected from risk of cross contamination.

People who lived at the home received their medicines safely. We checked the medication administration records (MARs) for five people. Staff had followed the providers policy and procedures and all medicines, were signed for with no gaps on people's MAR's. We asked three people who lived at the home if they had ever had any problems with their medicines. They all told us that they had received their medicines on time with no concerns. One person told us, "I cannot remember to take my medicine, but the staff are very good and help me with that."

All medicines, including drugs liable to misuse (sometimes called controlled drugs) were stored and disposed of safely and securely. Records we checked showed that regular audits had taken place. All staff who administered medicines had received training and regular checks had been undertaken to ensure they were competent. One staff member told us they had received recent training which included the process for administering eye drops and went on to describe this process in detail. A community nurse, during the inspection, told us they were not aware of any concerns with medicines at the home.

Staff had knowledge of safeguarding procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the manager or the Local Authority if needed. When questioned, one staff member said, "I would have no worries at all to report if I thought that one of the residents was being hurt in anyway." There was a Safe guarding policy and staff had received safeguarding training.

We checked four staff files and found that the provider had systems in place to ensure that all employed staff were suitable to provide care and support to people living at the home. We saw that the provider had requested and received references. A full employment history had been provided and identity checks had been carried out. The provider had also carried out an enhanced disclosure and barring service (DBS) check. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). We asked three

Is the service safe?

staff members, including bank staff, about their recruitment process. They confirmed that they were not allowed to start working until checks had been made and confirmation received.

We saw that incidents and accidents were reviewed to ensure risks to people were reduced and falls for example, were investigated. We observed a morning staff handover and saw that any incidents were discussed with the staff taking over. Staff told us that they recorded all incidents and accidents on the provider's electronic system and kept a separate record of significant events as and when they occurred. This meant that all concerns were followed up. One staff member said, "We sometimes learn better ways to do things when things go wrong." We tracked one recent fall and found that the person's care records had been updated and other safety measures had been implemented to reduce the risk of further falls.

Gardner House had an up to date emergency response file. This held procedures and what staff would do in an emergency. For example, a flood, a flu pandemic, a fire or if a person went missing. Staff were aware of this file and how they would use it in an emergency when we asked them.

We saw records which showed that staff ensured fire equipment was tested regularly, including timed fire drills with people and staff participating by evacuating the building. Personal evacuation plans were in place for each person that lived at Gardner House. They detailed individual mobility needs and would ensure that if there ever was a fire, this information would assist the fire service to evacuate people safely.

Other maintenance checks were carried out within the building by the employed maintenance person, including for example; gas and electricity, lighting and equipment. We saw the record of checks made and noted that any issues found were recorded and the outcome noted. We saw, for instance, that a new boiler had been fitted in February due to the previous one being inadequate. This meant that people were living in premises that were regularly monitored for maintenance and safety.

We were told by a number of relatives and staff that the outside of the building did not give a good impression to anyone visiting. One relative said, "It's a shame, the building lets the excellent care and homely atmosphere down because people think it will be like that inside and it's far from it." We saw that the fascia of the external building was weathered. Currently, the replacement was cosmetic, but continued wear could cause maintenance concerns. We were told by the manager and regional manager that quotes for replacing the fascia to the building were under review.

Is the service effective?

Our findings

We observed lunch time in the dining room and saw that four staff members were available to support people if they required help. Three people were provided with one to one support with lunch which we confirmed as an identified need in their care records. This helped people to eat and drink in the company of other people who lived at the home. When we asked one relative if their family member received adequate amounts of food by the support given by staff, they told us, "Yes, they have put weight on, so something is working."

We saw people were not rushed to finish meals and the atmosphere was relaxed with some people chatting to each other. The tables were well prepared with table cloths, cutlery, condiments and refreshments and if people chose to have the meal in their bedroom, trays were prepared in a similar manner.

We spoke with kitchen staff who were aware of the dietary needs of all of the people at Gardner House. They told us when people first moved in, they met them and/or their families to establish likes and dislikes. They also said that together with the care staff they worked to ensure people had a good choice of food available to them. They told us one person's records showed they did not like huge meals as it discouraged them from eating anything. Kitchen staff told us people's meals were tailored individually to encourage them to eat them.

Nine people who lived at the home were asked what they thought of the food. Everyone we spoke with had positive comments to make. One person said, "You cannot please everyone all the time, but I am very happy with what I get to eat." We found no evidence to suggest that people were unhappy with the food at the home. We saw that refreshment trolleys were made available throughout the day. They included an assortment of drinks, fruit and snacks which were freely available to people and their visiting families or carers. One relative we spoke with told us, "The food always looks nice." Another relative told us, "Staff often ask if we want to stay for meals, they are very good."

We saw that when people came to live at Gardner House a nutritional assessment was completed and regularly reviewed to ensure that people's dietary needs were continually met. We saw that when people were identified as being at risk of poor nutrition, that suitable referrals were made to external agencies and their weights were closely monitored. We saw that information from the kitchen was also shared with other staff in the home to identify the daily food intake of people. This meant that any changes to people's diet or weight was monitored and actions were taken.

We spoke with a community nurse during the inspection and they told us of occasions where people had developed bed sores and because of the support and care that staff had given, the bed sores had healed. Bed sores are skin injuries which can be caused by friction, humidity, temperature, continence, medication, shearing forces, age and unrelieved pressure. Another person told us, "I had a terrible pain in my leg and staff sorted that out for me with the doctor." This meant that staff were providing people with effective care when they required it.

We noticed that two of the bedrooms had been adapted to further support wheelchair users. One person told us that the staff had moved furniture around to make it easier for them. We saw another person had their bedroom rearranged to help them access their computer easily.

As we inspected the home, we heard many examples of people being asked for their consent before staff completed a task. For example, during lunch, we heard staff asking people if they wanted any additional support before giving it. We also heard staff asking people if it was ok for them to enter their bedroom, including domestic staff who were completing cleaning tasks. We saw consent in care records and people and/or their relatives had signed an agreement to the care to be provided. One person told us, "Staff always ask me if they can see to me before they do anything." I asked one staff member what they would do if someone refused a part of their agreed care. They told me, "It is a person's choice and I cannot make them do anything they don't want to do, and I would not anyway."

Staff followed the requirements of the The Mental Capacity Act 2005 (MCA). The MCA is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision making within a legal framework. We saw that where decisions were made on behalf of a person who lacked capacity that it was done in their 'best interests' and that other people were involved with those decisions. For example, relatives or social workers. There were also three people in the home subject to an authorisation made under the

Is the service effective?

Deprivation of Liberty Safeguards (DoLS) at the time of inspection. Deprivation of Liberty Safeguards (DoLS) were introduced in 2009. They are part of the Mental Capacity Act 2005 (MCA). They are used to protect the rights of people who lack the ability to make certain decisions for themselves. We saw from viewing people's care records that DoLS applications had been made to the local authority where required. When we questioned staff about the MCA they had a good understanding and confirmed that they had received training.

We spoke with nine staff members and asked three of them what training they had received, including through their induction. They confirmed they had shadowed more experienced staff and completed a range of training. For example, safeguarding adults, moving and handling, infection control, CPR (cardiopulmonary resuscitation) and mental capacity training. They told us it ensured they knew what was expected of them. We confirmed that staff had received necessary training by looking at the summary of staff training held by the registered manager. We asked people and visitors if they thought the staff were knowledgeable and well trained. One person told us, "The staff know what they are doing if that is what you mean." A relative told us, "You cannot fault them (staff), they are so professional and well trained in what they do." One staff member told us they had completed CPR on one person just after they had received the training and that they would not have been able to it without the training provided.

We spoke with staff about people's behaviour that challenged the service and they were able to explain how people were supported with planned approaches to help the individual. One staff member gave us an example of a strategy they would use with one particular person and we later confirmed that this agreed with the person's care record.

Staff also told us that they felt part of a big welcoming team and that the registered manager and senior carers were very supportive. We asked how often people received supervision and support and four staff members told us that they had regular meetings with their line manager. They also told us that they attend staff meetings. Meetings included discussion about the needs of people's within the home and ways of improvement. We were able to confirm this information from the record of supervision dates and minutes of meetings held. We also saw in staff minutes that senior staff ensured that all staff took necessary breaks and that support was available to them at any time.

Is the service caring?

Our findings

One person was overheard telling a joke to staff which was followed by copious amounts of laughter. We asked people if they felt 'cared for' and they all responded positively. One person told us, "The staff here are lovely, they cannot do enough for you." One relative told us, "You would have to go a long way to find staff as good as these." What was clear through our observations was that staff treated people with compassion, warmth and kindness. We could see that people trusted the staff and appeared content to be living at Gardner House. We heard friendly conversations taking place and lots of laughter throughout our two days of inspection.

Staff understood the needs of people in their care and we were able to confirm this through discussions when they were asked questions about particular individuals. Staff were able to answer our questions in detail without having to refer to people's care records. This showed us that staff were aware of the up to date needs of people within their care.

People were treated with dignity and respect and we observed examples of this. One person was asked very discreetly if they wanted to go to the toilet after calling for a staff member and we saw staff knocking on bedroom doors and asking permission before entering. One person told us, "She (staff) always asks me if I want to cover myself before they help me." This not only valued people's opinions but showed staff cared about people's dignity and respect.

We were talking with one person when they called for assistance with personal care unknown to us. When the staff member arrived they asked us discreetly and sensitively if we would wait outside while they attended to the person's needs. When we later asked the staff member about safeguarding people's dignity, they were very aware of maintaining this for all of the people in their care. We felt that the staff member handled our presence well and ensured that the person remained the main focus of what they had been called to do.

Gardner House had been awarded the Gold Standard Framework (GSF) for end-of-life care by the national GSF Centre, to ensure residents' final days were as comfortable as they could be. We asked a senior carer to describe the end of life care that people would receive. They described the pathway that would be followed by all staff within the home from admission until the person passed away, including working together with other organisations like the ambulance service and the district nursing teams.

The senior carer, who was also the home's dignity champion, was passionate as they explained how much it meant to the staff to provide people and their families with comfort, dignity and exceptional caring in their final days. The dignity champion had received training and discussed dignity issues with other staff during meetings and supervision.

We spoke with one family member whose relative had been on end of life care and they could not praise the home enough. They said, "The staff were exemplary and could not have done anything more for my relative." They said that they were extremely impressed with the care and attitude shown and told us that staff would stay holding their relatives hand so that they were never left alone. They also said, "Staff explained what was happening every step of the way and helped us any way they could." We spoke with a community nurse and they were very complimentary about the standard of end of life care delivered at the home. Another relative told us, "The care is exceptional."

Staff at the service explained they offered information to people and their relatives in connection with any support they provided or could be provided by other organisations. We saw the reception area had various leaflets to advise on advocacy, bereavement and safeguarding. We asked one member of staff if any person in the home had an advocate involved with their care. They said, "No one does but we would give people information on how to get one if they wanted." An advocate is someone who represents a person's best interests and ensures that procedures are followed correctly.

We asked people and family members if they had been involved by the staff in their care or the care of their relative and all of them felt that they were included and kept up to date by the registered manager and the staff at the home. One relative who did not live locally told us, "The staff ring me all the time to keep me informed, it's very reassuring." One person said, "They [staff] encourage me to see a GP and ask me lots of things."

We saw a number of people leaving Gardner House to go shopping or to visit friends and relatives. Staff had called a

Is the service caring?

taxi for one person and monitored its arrival to ensure that the person was collected in good time. As the person waited in reception, staff were seen keeping them company until the transport arrived.

We were told by people and relatives that care staff go above and beyond their paid hours, which included shopping for small items for people and visiting in hospital in their own time. We were told that this was appreciated by everyone. We saw an example of this during our inspection when a carer asked one person if they wanted anything from the shop as they were going to buy something for themselves.

From what we saw, staff had a caring approach and this was confirmed by the professionals, relatives and people themselves that we spoke with during the inspection and also in phone calls made before and after the inspection took place.

Is the service responsive?

Our findings

Before people moved into the home, they had an assessment of their needs completed with relatives and health professionals supporting the process were possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before they accepted a place at the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. We saw that these were monitored for any changes. A full family history was drawn up so that staff knew about a person's background and were then able to facilitate conversations about their family or working life. Care plans had been developed with regard to the way that people chose to be supported and if risks had been identified, a risk assessment had been put in place to minimise any risks as much as possible.

We reviewed five people's care records and found they included details of the individual person's likes and dislikes. For example, we saw that one person did not like to mix with others, while another person enjoyed bingo and another liked a bacon sandwich. Relatives told us that they had been involved in developing the care plans and staff kept them up to date. Care plans were regularly reviewed by nominated key workers, which meant that people had individual staff responsible for ensuring that all paperwork was kept up to date. We noted that the manager and staff were in the process of reviewing and implementing new paperwork on all care records. We were told that all changes and updates to care records would be finalised by the end of December.

People were given choice throughout the day, including the option of having meals in their room or elsewhere in the home along with a selection of refreshments. One person told us they preferred to eat alone. Another person told us, "I enjoy the company and I like a chat." We also saw that people's bedrooms were individually decorated. One person had their own ornaments and personal items around them. Another person had lots of family pictures on the wall. When we asked if people liked the way their rooms were decorated, they all said that they could have what they wanted in them. One person told us, "I brought my own things and staff help me to keep them clean and tidy."

Staff understood the importance of asking people if they wanted to participate in activities during the inspection. On the first day of our inspection a staff member had set up bowling in the lounge area. One person decided that they wanted to play bowls, while another chose to watch after being asked if they wanted to join in. Another person had declined to play and then changed their mind and asked if they could have a turn, which they were able to do. We saw that there was an activities board displayed in the main reception area with a range of activities on different days. We saw that the bowls we had witnessed earlier in the inspection were part of the activities displayed.

One relative told us that a number of staff had fundraised to provide various activities and other items for the people who lived at the home. They told us, "If there is something that the residents need, the staff hold events or raise money in all sorts of ways." When we asked one staff member about this, they told us that they have fund raised for Christmas entertainment and a buffet. Some of the events that people, relatives and staff told us about were Halloween and a World War One celebration.

We saw people using the garden area during our visit, which was accessible to wheelchair users. The outside area had a fish pond which was secured by a small wall which enclosed it. There were also some raised beds which meant that people had access to planting flowers should they wish to do so. Although we were not made aware of anyone at the home that participated in such activities, one staff member told us that people could help in the garden if they wanted to and had in the past.

We noticed that magnetic butterflies with interchanging colours were on display on some of the people's bedroom doors within the home. When we asked one member of staff about this, they told us, "Green butterflies are for people who prefer to stay in their room, while red ones are for infection control." They also said, "It makes sure that staff know what people need and ensures it is dealt with or that they are given additional help." Another staff member told us that the butterflies acted as a reminder to staff and were particularly useful to new staff.

The manager had recently introduced a non-uniform policy within the home in line with the organisations other services. We were told by the manager that this was aimed at providing people with a person centred and homely approach. There had been a mixed response from people, relatives and staff. All of the people who lived at the home that we spoke with had no negative opinion on the use of home clothes, although one relative said, "It would be a little confusing to know who the staff were if you did not

Is the service responsive?

already know." The manager agreed that it was early days but that it would be monitored to ensure that views were heard and that there was no detrimental impact on people living there.

A small number of people at the service smoked and the manager had set up a smoking room to facilitate this. When we visited the smoking room, we found it was comfortable and well ventilated. The room had fire evacuation procedures on display to provide information that would be relevant to support people in the event of a fire.

People knew how to complain. When we asked nine of the 19 people who lived at the home, what they would do if they were not happy about something, they all said they would tell either the manager or staff. One person told us, "I don't have anything to complain about, the lasses are canny." Relatives also knew how to complain and said they would if it was required. One relative told us, "I don't live close by and worry less knowing that [my relative] is being well looked after." We looked at the homes records and found that no complaints had been received since May 2013. We found the registered manager had dealt with any previous complaints and had also passed the concerns to their quality department for monitoring.

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Our findings

The home had a registered manager who was on annual leave during the two days of our inspection and senior carers were left in charge. We found the senior care staff were trained to be able to manage the procedures within the home in the absence of the manager and knew whom to contact if support was required.

We sat with staff as they passed relevant information on to the next staff shift that was taking over (known as a handover). This ensured that all staff were up to date with any events, concerns or updates in connection with the home and the people living in it. One staff member told us after the meeting, "It helps me to know if someone has not been well or gone into hospital, so it's important."

Staff at the home had been taught to be open and honest by the manager and one said that it was not in anyone's interests to pretend to know something when they did not. Staff asked us questions about the inspection, which showed a willingness to learn. One staff member also told us, "We treat people like we would want to be treated ourselves."

We spoke with a number of health care professionals before and during the inspection and they all told us that the registered manager was very approachable and open to advice or discussion. During the two days of our inspection, we saw senior staff taking time with people and any visitors to ensure that they were happy and did not need any further attention.

We also noticed that information received from other sources outside of the home was available on notice boards, both in the main office and in the reception areas. This meant that people, relatives and staff had access to further information that may have been of interest and benefit to them. For example, infection control guidance and advocacy details. One relative told us staff helped them by giving details of what to do when a relative was at their end of life. They said, "It was a delicate time, but the staff were great."

People were referred to the necessary agencies when additional support was required. For example, one person had been referred to the falls team after an incident at the home. Another person had received support from end of life nurses. We also found one person had received additional support from a community psychiatric nurse to complete their life history held within their care records. Within the last few weeks a local GP had started to provide weekly visits to the home and give the opportunity for people to see them without an appointment. Staff told us that it was a new process that had been agreed. This showed that the management and staff worked with others in partnership to provide the best possible support to people in their care.

We saw that meeting with people and relatives regularly took place and a range of issues were discussed, from food available to activities on offer. People and residents told us that staff were open to discussion and acted upon items that needed to be addressed and we saw this when we checked with the kitchen about one food issue that had been raised. However, one relative told us, "It would be nice if the front of the building could be seen to." We asked the manager about this and they confirmed that a decision was about to be made about the fascia to the building.

Relatives told us that they had good communication with the home, and that any concerns were brought to their attention straight away. One relative told us, "My [relative] fell and they [staff] phoned me straight away, it's good to know that you're kept in the loop."

The manager had set up in house audits to ensure that regular checks were carried out to protect people and ensure they received good quality care. These audits included review of care plans, medicines, finance and health and safety checks. The manager had also completed night monitoring checks to ensure that all was in order during the evening hours at the home. We noticed that when actions had been identified, that the manager or senior care staff had noted the date of completion. For example, after a picture of a person had been placed on their care records it had been marked as complete. We saw through records and staff confirmed, that the provider's regional manager visited the home regularly to offer support to the manager and also to carry out general audits of the premises and confirm that procedures were being followed.

People and their relatives were sent regular surveys to complete about their views of the home. This information was used by the manager to further improve the running of the home and the care and welfare of the people living

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there. We saw examples of a recent survey in May 2014. One relative had replied to the question 'Is there anything else that the home could do?' by responding with 'I doubt it!' All of their other comments were positive too.

We saw that staff had access to all of the organisations policies on an electronic system including whistleblowing, recruitment, and how to deal with stress. We saw that incidents and accidents were electronically recorded, including an analysis which was used by the manager to help them monitor any trends within the service. We noticed that no trends were identified by us or the manager.