Barchester Healthcare Homes Limited

Kingsland House

Inspection report

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Date of inspection visit:
27 September 2016

Date of publication:
14 November 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Kingsland House on the 27 September 2016. We previously carried out a comprehensive inspection at Kingsland House on 2 March 2016, in order to look at specific areas of concern. We found the provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we did identify areas of practice that needed improvement in relation to the Mental Capacity Act 2005, the sustainability of staffing levels and care delivery, and requirements relating to a registered manager. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 2 March 2016.

Kingsland House is a purpose built home that provides nursing care and accommodation for up to 71 older people with a physical disability, dementia and/or related mental health conditions. The service includes 'Memory Lane Community', a dedicated part of the home that accommodates people living with a dementia and 'Bluebell Community', part of the home where people with complex and general nursing needs reside. Services offered at the home include nursing care, end of life care, respite care and short breaks. At the time of this inspection, there were 45 people living at the home. Kingsland House belongs to a large corporate organisation called Barchester Healthcare Homes Limited. Barchester Healthcare Homes Limited provides residential and nursing care in a large number of services across the United Kingdom.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the improvements identified at the previous inspection had been met. We found that they had. The overall rating for Kingsland House has been revised to good.

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

The improvements that we identified in relation to staffing levels and the planning and delivery of personalised care had been fully embedded and sustained. Robust pre-assessment protocols and criteria had been implemented, to ensure that care could be delivered safely and appropriately when the numbers of people living at the service increased.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the provider was meeting the requirements of the Deprivation of Liberty Safeguards. People were being supported to make decisions in their best interests. The manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. The service had an ongoing action plan for improvement and the registered manager was required to feedback progress weekly to senior management. This information was then fed into a

central action plan to monitor progress. Significant improvements had been made, and it was identified that improvements had been fully implemented and sustained.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "They answer my bell quickly. I don't know where I'd be without it". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including treating people with dignity and the care of people with dementia. Staff had received supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "I think the training here is very good and it's very helpful to have an in-house trainer and a training room with access to a computer. I thought the dementia training was really brilliant, it made you think from the resident's point of view and made you more aware of how you communicate".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The staff help me and the food is very good". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included quizzes, singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, "A lot of effort is put in and the activities co-ordinator comes and sees me. There's good information every week about the activities". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff here are all very nice and they always come and talk to us". A member of staff told us, "When I was chatting to one person living here, they got upset because they could not remember the date of their marriage or their wedding song. I did a bit of research with their family and found out what they were. I then bought a CD with the song on and put the date of the wedding and the track the song was on the front. This means that they can now remember and go back to a happy day for them". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to

and any concerns or issues they raised were addressed. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

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.

There were enough skilled and experienced staff to ensure current number of people living at the service were safe and cared for. Robust systems of pre-assessment of care were in place.

The provider used safe recruitment practices. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff had a firm understanding of the Mental Capacity Act 2005 (MCA) and the service was meeting the requirements of the MCA and Deprivation of Liberty Safeguards.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post and people and staff told us the service was well managed.

The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Kingsland House

Detailed findings

Background to this inspection

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

The inspection took place on 27 September 2016. We previously carried out a comprehensive inspection at Kingsland House on 2 March 2016, in order to look at specific areas of concern. We found the provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified areas of practice that needed improvement in relation to the Mental Capacity Act 2005, the sustainability of staffing levels and care delivery, and requirements relating to a registered manager. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 2 March 2016.

Three inspectors and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events that the provider is required to tell us about by law. On this occasion, we had not asked the provider to submit a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We observed care in the communal areas of the service. We spoke with people and staff, and saw how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including seven people's care records, five staff files and other records relating to the management of the service, such as training records, health and safety documentation and audits/action plans.

During our inspection, we spoke with six people living at the service, four visiting relatives/friends, two

visiting professionals, five care staff, the registered manager, the regional director, the training co-ordinator, a member of ancillary staff, two registered nurses and the chef. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection on 2 March 2016 we identified areas of practice that needed improvement. This was because we were unable at the time to determine whether the service provision could be sustained over time, should the number of people living at the service increase. We saw that the staffing arrangements had been sustained, and good care had been achieved for people.

People said they felt safe and staff made them feel comfortable. One person told us, "It's always lovely and clean here and smells nice. The girls clean my room every day and we have a good chat and a laugh". A relative said, "I never have any doubts about how well [my relative] is looked after". Everybody we spoke with said they had no concern around safety for either themselves or their relative.

Since the last inspection, the number of people living at the service had increased from 41 to 45. The provider calculated staffing levels using a tool called the dependency indicator care equation (DICE).This tool looked at each person's level of dependency (care needs) and calculated the required staffing numbers. The information to aid the DICE tool was based on individual care plans and the documented assessed level of need. The current assessment was up to date and we saw that staffing levels were planned appropriately for the number of people living at the service. The registered manager told us, "Staffing levels remain the same and we are carefully assessing any new admissions, to ensure that their needs can be met. Gathering all the information pre-admission is crucial to ensure that we can manage people's needs. We are liaising with family and especially around nursing care with the Local Authority and CCG (Clinical Commissioning Group). We are following our admissions protocol and have robust assessment arrangements in place".

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The registered manager told us, "We have a full complement of care staff and do not currently use any agency care staff. We use nurse agency to cover only a couple of nights and have just recruited a deputy manager". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff would be used if required. Feedback from people, staff and visitors indicated they felt the service had enough staff and our own observations supported this. One person told us, "I know how to use my call bell and they come quickly when I use it". A relative said, "I think there are generally enough staff here".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

Peoples care plans had a number of assessments that covered such areas as skin integrity, hydration and

nutrition, falls and mobility. The risk assessments identified hazards to good health, the risks these posed and the measures taken to reduce the risk to the person. These were regularly reviewed. We spoke with staff about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. We were given examples whereby people accessed the local community, and we saw staff actively supporting people at risk of falls to mobilise independently around the service.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was an emergency plan in place and equipment, such as lifting equipment, had been checked and serviced regularly to ensure it was safe to use. The fire alarm system and equipment were checked at regular intervals. There were personal emergency evacuation plans in place for people living at the service and regular fire drills had taken place.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One member of staff told us, "If I had any concerns at all, or saw something I did not think was right, I would first make sure the resident was safe and then immediately go and report it to the senior on duty". Another added, "There would be no discussion about it, abuse is never allowed. I would go straight to the manager and then afterwards would ask what had been done about it. If I was still not happy I would use the whistle blowing number".

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One person told us how they found one of their tablets very difficult to swallow. A nurse then came in with a tablet for the person to take and told them a liquid version of the tablet was on order and should be available for the next administration. The nurse told us they had identified this as a need and raised it with the GP. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

At the last inspection on 2 March 2016 we identified areas of practice that needed improvement. This was because we identified issues in respect to the recording and assessment of consent. We saw that improvements had been made.

People told us they received effective care and their individual needs were met. One person told us, "This is a lovely place really. The [staff] are very good, very kind and they make things happen for you". A relative said, "I think they have a very good understanding of working with people with dementia". A visitor added, "All the staff have made themselves known to [my friend] and supported him to settle".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "It's about us being aware that people have the right to make their own choices in life. If they can't make some choices for themselves as it may not be safe, we as staff can't take their rights away. We can report it to the manager if we have concerns around safety, but there is a process that has to be gone through first". Members of staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Kingsland House and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. Staff also told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia. Staff spoke highly of the opportunities for training. One member of staff told us, "I think the training here is very good and it's very helpful to have an in-house trainer and a training room with access to a computer. I thought the dementia training was really brilliant, it made you think from the resident's point of view and made you more aware of how you communicate".

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries. One member of staff told us, "We get supervision from the manager, team leaders or the nurses on duty. They are refreshing us all the time, there is always lot of discussion and support going on".

People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. A visitor told us, "[My friend] has only been here a week. I'm impressed the physiotherapist is here already, they said they would get it organised". Staff were committed to providing high quality, effective care. Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and chiropodists whenever necessary.

People were complimentary about the food and drink. One person told us, "I have breakfast brought while I'm still in bed, which I like". Another person said, "The food here is lovely, very good and we get lots of it, I enjoy all the choice of puddings". A further person added, "I am very happy here and the food is lovely, I enjoy all of it, in fact I don't think I have ever been so happy in my life". People were involved in making their own decisions about the food they ate. Special diets were catered for, and diabetic and fortified meals were provided. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef confirmed that there were no restrictions on the amount or type of food people could order.

We observed lunch in the dining areas and lounges. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or one of the lounges. Tables were set with place mats, napkins and glasses. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people. We saw members of staff eat at the table with residents, helping to make it a sociable occasion. A person who had been withdrawn and uninterested at the start of the meal, was completely relaxed and enjoying the conversation by the end, having shared lunch time with the members of staff. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the relevant healthcare professionals.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care, treatment and support they received. One person told us, "The staff here are all very nice and they always come and talk to us". A relative told us, "All the staff speak all the time, they are very helpful. They ask before they do anything". Another relative said, "They always treat [my relative] with kindness". A further relative added, "All the staff are so friendly, they never pass people by without saying hello and having a chat".

People's needs were respected and staff were aware of what was important to people. For example, some women liked to wear make-up, jewellery and particular clothing to reflect their lifestyle and staff supported them to do this. We saw rooms held small items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. Communal areas had displays on the wall that reflected people's interests, some of which they had created. People were supported to live their life in the way they wanted.

Staff provided care, treatment and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. For example, we observed lunch in one of the dining rooms. There was pleasant music playing in the background, and one person left their meal to dance and sing along. A member of staff joined them to sing and dance and helped them get the most out of the moment.

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. One person told us, "I like [member of staff], he's usually the one who wakes me up and he'll give me a bath when he can, he knows I like my bath". Another person said, "We've got a few male staff, it's nice, we speak the same language". Staff asked and involved people in their everyday choices, this included participation in activities on offer that day, seating arrangements at meal times and choice over the meal itself. A member of staff told us, "I know we have a job to do, but you must make time to just sit and talk and take the time to listen. You can then give people options without just assuming what is best for them". Another said, "The care plans are very good and give us clear guidance. However, you should not just go by written routines and just rely on them because people can change their mind at any time. So if someone wants to have a lie in or do something different you have to respect that".

Staff told us how they assisted people to remain independent. We saw staff encourage people to mobilise and to eat and drink at their own pace. People were encouraged to walk around the service unaided. One person told us, "I have a very good relationship with [member of staff]. He encourages me to walk to the dining room". A member of staff told us, "I get a lot of enjoyment from my job and most of that is about communicating with residents. You have to give people options and choices and if you take that away, you have taken the last of their independence". Another added, "The staff here are very much encouraged to give people choice and to see them as a whole person, some people can't do very much for themselves, but we assist them and give them the time to do what they can".

People told us staff respected their privacy and treated them with dignity and respect. A visiting relative told us, "They are respectful of [my relative's] wishes, if she's encouraged to do an activity, but doesn't want to, there's no pressure". Staff understood how to respect people's privacy and dignity. A member of staff said, "Especially when working with people living with dementia you have to get to know the person well. You get to know their facial expressions and body language and can tell if they are anxious or unhappy. You then have to spend time finding out what is wrong". Staff told us how they were respectful of people's privacy and dignity when supporting them with personal care. For example, they described how they ensured that they closed doors and used a towel to assist with covering the person while providing personal care, in order that their modesty was protected. Staff also ensured that people's dignity was considered when supporting them to move using a hoist. Staff explained what they were doing before they started the procedure and continued to speak with them throughout.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. For example, we observed that pain relief was provided on request. People told us that they thought staff understood their health restrictions and frailty and were sensitive to this. One person told us, "The nurses are equally good. I've got a pressure sore on my bottom which I'm being treated for. The nurses tell me how it's progressing when they change the dressing".

Care records were stored securely. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were coming and going during our visit. Relatives told us they could visit at any time and they were always made to feel welcome. A visiting relative told us, "Everyone knows my name and I really appreciate that. I've noticed it as a part of how the home operates". Another visitor said, "I've come in for a game of cards with [my friend], they've suggested a place where we can play, but evidently we can go where we like".

Good

Is the service responsive?

Our findings

At the last inspection on 2 March 2016 we identified areas of practice that needed improvement. This was because we were unable to determine whether the provision of personalised care could be sustained over time, if the number of people living at the service increased. We saw that the planning and delivery of personalised care had been sustained, and good care had been achieved for people.

People and their relatives told us that staff were responsive to their needs. One person told us, "The activities co-ordinator is brilliant at everything she does. She is vivacious and gets people joining in. It's amazing what she comes up with". Another said, "A lot of effort is put in and the activities co-ordinator comes and sees me. There's good information every week about the activities". A relative said, "[My relative] is really dependent on familiarity and routine. Staff knows her and me really well as regular visitors".

Care and support records were personalised and detailed. People's needs were assessed before they came to Kingsland House. Records included details about people's life history and the people and things that were important to them, as well as the day to day care they required and their preferences for this. Details also included people's place of birth, places they had lived and their occupations. Family members were listed and interests and hobbies were included. This information provided a clear sense of the person. For example, a member of staff told us, "When I was chatting to one person living here, they got upset because they could not remember the date of their marriage or their wedding song. I did a bit of research with their family and found out what they were. I then bought a CD with the song on and put the date of the wedding and the track the song was on the front. This means that they can now remember and go back to a happy day for them". One person and their relative told us how they had been involved in setting up their care plan and that they had found the six month review very useful.

Staff told us they were committed to delivering person centred care and that they knew people well. One staff member told us, "We read the care plans and know people really well. I really enjoy working with people living with dementia, because if you spend the time to listen and really know what they want you can bring a smile to their face". Another said, "We know what is in the care plans and what we should do day to day. I don't think that is all there should be, people can change their minds day to day and what made them happy yesterday might not work today. We have to be flexible and listen". We were given examples by staff of people's assessed needs, preferences, likes and dislikes and how they like things to be done. For example, a relative told us, "My relative gets up in the middle of the night sometimes. I understand night staff work with that and day staff are sensitive and make adjustments if she's tired next day". Staff confirmed that this was the case.

People were encouraged to take part in meaningful activities. For example, we saw people taking part in activities in the service, which included singing and painting. One person told us, "We get singers and plenty of entertainment". Another person said, "They put films on a lot. There are trips in the minibus". We asked how activities were planned to ensure people's preferences were included. We were told the activities co-ordinators met people individually to discuss their interests. Records of attendance and people's feedback was obtained, in order to help plan future events. We also saw that one to one time was scheduled for

people who chose to stay in their rooms, or didn't wish to join the activities. One person told us, "I'm not at all interested in group activities, but the activities assistant comes to see me, tells me what's available and has a chat. I have been outside in the garden". People were also assisted to maintain family contacts, including by the use of electronic media such as Skype.

People were supported to follow their interests. For example, two people told us about their interest in gardening. One said, "Me and [person] and a couple of girls, we go gardening. They push me out in the chair, it's surprising what I can do, we've got three or four plots to look after" The other person added, "We've got an excellent young gardener, he works with us. We've given what we've grown to the chef and been able to eat it. The gardener is clever, he made our cinema unit and helped make a bar, so we now have a tavern every Friday afternoon".

People told us that they knew how to make a complaint and the complaints procedure was on display around the service. The registered manager kept a log of all complaints received and actions taken. This showed that complaints were addressed. People and relatives told us that if they needed to raise a complaint, they would feel comfortable to do so. One person told us, "They know I'd complain right away if things weren't right for either of us. I'd go to the nurses or the manager, they wouldn't be happy if there was anything wrong, they'd put it right".

Good

Is the service well-led?

Our findings

At the last inspection on 2 March 2016 we identified areas of practice that needed improvement. This was because the service did not have a registered manager. Additionally, we were unable at the time to determine whether the sustainability plan to ensure quality and safety with a greater number of people living at the service could be implemented and sustained. We saw that improvements had been made. There was a registered manager in post, and improvements and actions identified in the sustainability plan had been delivered.

People, relatives and staff all told us that they were satisfied with the care provided at the service and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "If I don't like something I tell them – carers or management. So we've got to know each other very well, it's all open, that's how it works here". A relative said, "From what I have seen, I would place any relative of mine here. I've been aware it's been rocky at management level sometimes, but the care on the ground has always been good and the home seems well run now". A further relative added, "Comfortable and undemanding, there's always a bright happy feeling in the home".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in developing the gardens at the service. Additionally people had expressed an interest to visit the pub and the provider had built a bar in the service.

We discussed the culture and ethos of the service with the staff. They told us, "We have a code of practice that we have to work to and the managers make it clear how we should carry out our roles". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "The manager is very supportive, the door is always open if you have a query and they will make the time to discuss issues with you". Another said, "The managers are very good with their support and advice".

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. We were given an example of how feedback from staff about the planning of the mealtime experience had led to the provision of more consistent care to people. Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. Staff commented that they all worked together and approached concerns as a team. Some staff had also been appointed specific 'champion' roles to create learning and drive up quality. There were 'champions' in place for nutrition, infection control, care planning, documentation, dignity and safeguarding.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures where a need was identified. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and was able to share information and best practice with other managers within the Barchester group. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

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. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.