Ringdane Limited

Ringshill Care Home

Inspection report

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Date of inspection visit:
02 June 2016

Date of publication:
06 July 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

Ringshill Care Home is registered to provide accommodation and nursing care for up to 87 people. At the time of our inspection there were 52 people living at the service. The service is located in the town of Huntingdon close to local shops, amenities and facilities. The service has two storeys which people can access by stairs or a passenger lift.

This unannounced inspection took place on 2 June 2016.

The service had a manager in post but they were not yet registered as a registered manager. The previous registered manager left in October 2014. 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.

Staff had been trained in the identification and reporting about any, or potential incident of harm. People's assessed needs were met by sufficient staff who responded promptly to people's requests for assistance.

Satisfactory pre-employment checks were undertaken to help ensure that staff were deemed suitable to work at, and care for, people using the service.

People's medicines were administered and managed safely. Staff were trained and assessed as competent to ensure their standards of medicines administration was safe. Staff were supported with an effective induction process until they were confident to work more independently

Risk assessments to help safely support people with risks to their health were in place and these were up-to-date and reviewed according to the risk each person presented.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager and staff were knowledgeable about when an assessment of people's mental capacity was required. Appropriate applications had been made by the manager to lawfully deprive people of their liberty. Any person's restrictions on their liberty were in the least restive way.

People were offered choices of the foods and drinks they preferred and they had sufficient quantities including those people who required a soft food or pureed diet. This included a choice of appropriate diets for those people at an increased risk of malnutrition, dehydration or weight loss. People's individual health care needs were identified and met.

People's care and health needs were met by staff in a compassionate way. People and if necessary their relatives were involved in the review of their/their family members individual care plans.

People were provided with information on accessing independent advocacy if any person required this support.

People were given various opportunities to help identify and make key changes or suggestions about any aspects of their care. A complaints process was in place which people had used and their concerns had been responded to.

A range of effective audit and quality assurance procedures were in place. The manager saw innovation as something that was a day to day ambition. People, relatives, friends, volunteers and charities were involved in developing the service. Updates to people's care was shared through a range of forums including residents', managers' and staff meetings.

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.

Staff were knowledgeable about protecting people from harm and those agencies they could report any concerns to if they ever needed to.

The process to recruit staff and the number of staff to meet people's assessed needs helped ensure that people were safely cared for.

People's medicines were administered and managed safely. People were able to self-administer their prescribed medicines where this was assessed as being safe.

Is the service effective?

Good

The service was effective.

People were asked to consent to the care they were provided with. People's decisions were respected.

People were supported to be as independent as they possibly could be. People were only deprived of their liberty where this was lawful.

Staff promptly sought and followed the advice from health care professionals whenever this was required. People's health, nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

People's care was provided by staff with sincerity and compassion. People's rights were respected and valued by staff.

People could be visited by their relatives and friends at a time the person wanted. People could stay in touch with those people who were important to them.

People's care records were kept up-to-date and were kept

confidential. People had the privacy they needed.

Is the service responsive?

Good

The service was responsive.

People were involved and were encouraged to as far as possible to live meaningful lives and make informed choices about their care how they lived their lives.

The manager was creative and implemented opportunities and ways for people to spend their time.

People's comments, compliments, suggestions and concerns were used as a way to identify what worked well. Action was taken to ensure people's concerns had been apologised for and any concerns addressed.

Is the service well-led?

Good

The service was well-led.

Effective audit and quality assurance procedures were in place and these were used as a way to help drive continuous improvement.

People and staff were involved in the development of the service. There were arrangements in place to listen to what people, relatives and staff had to say.

Strong links were maintained with the local and surrounding community. The manager supported their staff in a way which enriched the quality of people's lives.

Ringshill 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 unannounced inspection took place on 2 June 2016 and was undertaken by two inspectors and an expert 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. Their area of expertise was in caring for older people and those living with dementia.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. We also looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 12 people living at the service, four visiting relatives, the manager, two registered nurses, three care staff, an activities staff member, the deputy chef and maintenance person. We spoke with a visiting health care professional. We also spoke with representatives of the charity involved in supporting people's exercise and cognitive therapy.

We used 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 also undertook general observations of people's care to assist us in understanding the quality of care people received.

We looked at six people's care records, the minutes of residents', managers' and staff meetings. We also looked at medicine administration records and records in relation to the management of the service such fire and health and safety procedures. We also looked at staff recruitment, supervision and appraisal process records, training records, complaints and quality assurance records.

Good

Is the service safe?

Our findings

People we spoke with told us that the reason they felt safe was because staff responded promptly to their request for assistance. One person said, "Yes, I feel safe – I feel very confident about this place [the service]." Another person told us that they tried to maintain as much independence as possible but after a fall had now accepted that they need assistance to go outside. We saw that the positioning of people's walking equipment within the person's reach helped reduce the risk of people experiencing a fall. A third person told us, "I do have to use my walking frame. I use it to walk up and down the corridors so that I can keep exercising." We observed that people were supported by staff to move safely around the service.

Staff told us, and we saw from records viewed, that they were trained and knowledgeable in recognising and reporting any incidents of harm to people. This included the different types of harm people may experience. The manager and staff knew the action they would take in reporting any such events and the appropriate authorities they would need to contact including the local safeguarding authority. A relative spoke highly of the standard of care staff provided their family member, saying, "My [family member] has always been safe here. It wasn't an easy decision but seeing how careful they [staff] are makes me feel at ease now."

Information about how to report such incidents of harm was on display and available throughout the service for people, staff and visitors. One person said, "They [staff] never shout or anything like that. That makes me feel safe." We saw that staff were patient to those people who required more time with their support. This showed us that that there were systems in place to help ensure that people were as safe as practicable.

Risks to people, including those at an increased risk such as eating, drinking, moving and handling and health conditions, were managed effectively. This included the provision and use of mobility equipment, staff's skills at safe moving and handling and appropriate diets to reduce people's risk of choking. A relative confirmed to us, "[Family member] always has her (walking) frame right next to her so she can reach it without any problem."

A planned programme of maintenance was in place to help maintain a safe environment in the service. This included checks for lifting equipment, infection prevention and food hygiene. The maintenance person said, "We have various contractors who service the hoists and maintain the electrics." We saw that each person who required assistance with their mobility had an individual hoisting sling tailored to their individual needs. This helped ensure that the service was a safe place to live and be cared for in.

Accidents and incidents, such as people experiencing unplanned weight loss or an increased number of falls, were investigated and action was taken to prevent recurrence. For example, referrals were made to the most appropriate health care professional. This included a speech and language therapist, a tissue viability or community psychiatric nurse as well as regular GP visits.

Staff and people living in the service confirmed that there were sufficient numbers of staff on duty and nurses to ensure people's assessed needs were met in a safe way. We observed that call bells were

responded to and acted upon within a few minutes. We saw that when a person became unwell and their relative used the call bell, staff arrived to assist in less than a minute and ensured the person was safe. We also noted that other people's requests for assistance were responded to promptly. One person said, "They [staff] can be busy and sometimes I do have to wait sometimes but not for long."

The manager used a recognised dependency assessment tool to help determine the number of staff to safely meet people's needs. We saw that this and the number of staff on duty meant that people's care needs were met. Staff told us that they had the time to spend with people and not just for their care needs. We saw that this was the case. One member of staff said, "We work as a team and we are a bit short of staff if one has rang in sick we cover until an agency staff member from our bank list of staff can be found." The manager confirmed that they did use bank agency staff but further recruitment in progress was planned to address this aspect as far as practicable. They also explained that in response to a change in people's care needs or more people using the service then additional staff would be provided.

We found and staff told us, that there was a robust recruitment and induction process in place. Various checks had been completed to ensure staff were safe to work with people using the service. For example, checks had been satisfactorily undertaken for two written employment references, evidence of any unacceptable criminal convictions and recent photographic identity. Care staff confirmed to us the records that they had been required to provide before they were offered employment. This showed us that the provider considered the suitability of staff before offering them employment. Nursing staff confirmed that they had kept up their professional registration with the Nursing and Midwifery Council and that this remained valid.

People told us that they received their medicines on time and they were aware of the medicines that they had been prescribed. Staff explained what the medicines were for and then made sure the person took all their medicines correctly. One person said, "I get my tablets and they [staff] make sure I have a drink with my tablets. I have four lots of tablets every day. I have some I don't take [reason provided]. It's my choice." We observed staff administering medicines and saw that staff checked the person's identity as well as any of their allergies and time of day the medicine had to be administered. For example, 30 minutes before food.

We found that all medicines were administered and managed safely. Staff had made sure that medicines were held securely and that the medicines trolley was locked when not in use or their eye sight. One relative told us that their [family member] took regular medicines and topical creams and that these were given as prescribed. Another person said, "I have problems with my knees and have [pain relief] that I apply by myself." Staff who administered medication confirmed that they had received training and that their competency to administer medication was regularly assessed by the clinical lead or senior care staff. This meant that people were given their medicines safely and as they were prescribed.

Good

Is the service effective?

Our findings

Prior to, and whilst, using the service people's choices, preferences and assessed needs were determined and met by staff who were skilled in meeting these. We saw that staff respected people's abilities to be as independent as possible. We observed that from people's general wellbeing that their needs and preferences were respected. Examples included, people's preferences for either a bath or shower, a male or female member of staff, clothes preferences and the time the person wanted to get up.

Staff confirmed that they were supported with training, a formal induction and shadowing opportunities with experienced staff. We found that staff completed their induction prior to working on their own. One staff member told us, "The support I have had so far has been amazing. I am encouraged in a positive way rather than being criticised." This showed us that the manager encouraged a positive learning culture which fostered staff's development. Training deemed mandatory by the provider included subjects such as medicines administration, moving and handling, fire safety, first aid as well as health and safety. Another staff member said, "I have also had training on PEG [Percutaneous Endoscopic Gastrostomy] feeding where people are fed through a tube into their stomach."

The manager explained that other person specific training had been provided on subjects including dysphagia [choking risk], catheterisation and dementia care. A senior care staff told us, "I am the lead for 'dementia experience'. This is where we simulate different situations of what it might be like to live with dementia. The staff swap roles with the person and this helps them understand them [people] better and how to respond appropriately to their needs." Examples they gave us was by isolating staff's senses such as with blind folds and ear defenders. Another member of staff said, "We have some people with [care needs] and it is all about giving them information in small amounts so that they can process their decision. Knowing also when a person could become anxious helps maintain a calm atmosphere." Our observations throughout the day confirmed this calmness.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS.

Staff had received training on the MCA and DoLS. We found that there was a lead member of staff to mentor all staff in their awareness of the MCA and DoLS codes of practice. This had resulted in staff being able to describe to us the specific decisions people could or couldn't make. For example, the time they liked to get up, the clothes they preferred and if they wanted to go out into the nearby allotment as well as accessing the community with staff. Staff supported those people who needed some help to make a decision as well assisting those people whose care was in their best interests and in the least restrictive manner. One staff

member said, "People can decide what they want to do. We have to balance an unwise decision with our duty to make sure people are safe." Appropriate applications had been made to the local authority to lawfully deprive people of their liberty and these had been acknowledged. We found however that two applications for an urgent deprivation of people's liberty had not been formally chased up. We did however see that the restrictions in place helped ensure that this was safe and in the person's best interests. This had been due to regular reviews of these people's mental capacity. The manager acted promptly and followed these applications up with the local authority.

We found, and staff confirmed, that people with food allergies, reduced sugar intake, or soft food diets, were offered a choice of appropriate nutrition. We were told and saw that people had a choice of two main meals at lunchtime. People told us that staff would come round in the morning to ask what they would like for lunch. Alternatives were offered and several people had taken this option of an omelette or sausage and chips. One person told us that the choice of meal on the day of our inspection was either liver and bacon or fish. They told us, "It's all home-made here, the pastry is beautiful and the food is very good." They added that there was plenty of food saying, "There's more than enough, rather than waste it I ask for smaller portions." We saw that this request had been adhered to. Another person told us, "Oh the food is lovely."

A relative said that their family member liked the food and choices that were offered and that the food had always been in an appropriate format. They told us, "[Family member] generally eats well and staff do encourage them to eat." It was clear from the conversations and observations that people had with staff and the general happy atmosphere at lunch time that mealtimes were relaxed and informal. We could see for ourselves that people ate those foods staff knew that they preferred. People were supported to eat and drink as independently as possible such as with adapted cutlery, drinking utensils and plates. The deputy chef told us, "We now offer all types of cooked eggs as well as now having home-made soup. Ths was as a result of people's requests. We also found that people who had gone out on a boat trip were provided with a packed lunch according to the diet and format of this the person needed. This helped provide people with sufficient quantities of the fluids and foods that they had requested and needed.

People could be assured that the staff would take action to reduce and prevent any risks that were associated with their health. The visiting healthcare professional told us, "The care plans and staff's knowledge of each person means that we can find exactly what we need and I have more time to spend with the person." We also saw that where people's health had changed that prompt action had been taken to refer this person to the most appropriate health professional such as a tissue viability nurse if people's skin integrity was at risk.

One person told us that they had a wound dressing and that this was being managed by the community nurse. They said, "She's [nurse] coming in on Friday to change my [dressing]." Where people were at an increased risk due to their nutritional intake, appropriate monitoring arrangements were in place. This included regular health care professional visits to monitor people's weight, wellbeing and general health. Another person told us that they managed their health condition independently and that their GP had been involved in this. This showed us that people's health needs were identified and responded to.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the compassionate care provided by the staff and how much time the manager spent with people. We observed how one person who wanted to speak with the manager was given every opportunity to speak with them on several occasions throughout the day. This had resulted in the person being kept calm and anxiety free. One relative said, "They [staff] are all amazing. They really do care. It wasn't easy deciding where [family member] needed to live but now they are here it was the right choice." One person said, "It's lovely, I wouldn't be anywhere else, the people [staff] are all nice." Everyone that we spoke with was very complimentary about the staff with comments such as "they're all very good, I can't fault them", "the staff are very good", "the staff can't do enough for you", "the staff look after me well" and "the staff are all young people, wonderful people and their attitude is very good."

During lunch we saw that one person informed staff that they felt cold. The staff responded positively by asking the person, "Would you like me to get your cardigan?" A few moments later the staff helped the person put this garment on to which the person was most grateful. On another occasion we heard staff asking a person if they had enjoyed the boat trip to which the person replied, "Oh yes it was a lovely day; we all had a wonderful time." We saw that staff went on to engage in conversation about the person's pictures of their pet dogs and that when the staff talked about the dog's names the person was ever so appreciative by saying, "Oh thank you so much, you know their names, you do look after me."

Care records were held securely and were only reviewed or read in private. The manager told us there had been a reduction in staff turnover as well as having a more consistent staff team. This had resulted in people getting to know the staff better and vice versa and that the continuity of care had been improved. One staff member told us, "It is nice to sit with people and from their care plans we can discuss the important aspects of the person's life and listen to what they have to say. If they talk about a new subject we just add this to their care plan or daily notes so that we could continue the conversation at a later date."

One person told us that they liked to do as much as they could for themselves saying, "I wash and dress myself – it takes a long time but I'm very determined." A person explained, "I can wash and change myself but I need help to put cream on my back and help to put my socks on." Other ways people were supported was with their pain management. A staff member showed us the system they used to address people's pain and comfort levels. One person told us, "I get my tablets as I need them. I don't always have them but staff ask me if I do." This showed us that people's independence was respected and acted upon.

People told us that they valued their relationships with staff and felt that staff always met their expectations about privacy and dignity. We observed the interactions between people and staff and these showed us how well staff knew the people they cared for. One person told us, "The other day someone next door to me fell in the corridor. The staff came really quickly and put a screen around to ensure they [the person] were kept private. I heard the staff reassuring them that they would be alright and that help was on the way."

Ways staff used to respect people's dignity was by closing curtains and doors and by keeping the person informed of what was happening as well as covering people as much as possible. One staff member said, "I

make sure the door is closed. If the person is having a bath I make sure the person is dressed or properly covered up and that the corridor is clear. We do have a chat and I let people wash their face and [other] areas as well as giving them time to do things at their pace no matter how small their involvement is." One person told us, "I know I need help but they [staff] always treat me with respect." We saw that staff spoke with people by their preferred name and in a calm manner. However, although the majority of people's care was respectful we observed two occasions on the dementia unit where staff did not knock or await permission to enter the person's room. This meant that not everyone's care was as respectful as it could have been. The manager explained that this was not a regular occurrence or what staff had been taught. Staff explained to us that they knocked on doors and if they couldn't hear any response they just opened the door ajar to check if it was "alright to come in." A relative said, "[Family member's] door is usually open but staff do check to make sure that it is alright to come in, especially if [family member] is asleep."

Throughout the day we saw that the manager and staff spent meaningful time with people. We observed that people responded positively. For example, we saw that staff asked a person if they wanted their newspaper and provided this as well as seeking assurance that person's meals were hot, of the right quantity and served respectfully. One person was asked by staff, "Was your lunch nice and do you want a drink of water, orange or blackcurrant squash?" People were then provided with their requested drink. On another occasion we heard staff asking a person if they had not slept well and if there was anything they could do. A relative said, "The staff are always happy to tell me what [family member] has been up to and how much they had enjoyed their day such as today going out on a boat trip."

People, relatives and the manager confirmed that whenever possible any visits were welcomed. One person said, "I have a friend who comes to see me regularly. I really enjoy my chat and catching up on the family." During our inspection we saw several relatives and friends visit including people's pets. We also saw the pleasure people got from these visits.

We found that people had relatives, friends and representatives who acted as an advocate for them if required. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. The manager and staff were aware of organisations which offered this service if required. This showed us that people's wishes, needs and preferences were respected if people were not able to speak up for themselves.

Good

Is the service responsive?

Our findings

The manager, deputy manager and senior staff got to know people's initial care needs by visiting people in their place of residence. This was to assess people's care needs, life history and to find out their important and relevant information. This information then formed the foundation upon which people's care needs were to be met. People's assessed care needs were kept under review especially if a person had been admitted, or returned, from hospital. As well as information about people's preferences, appropriate decoration, ornaments, books and signage around the home helped people, and those living with dementia, orientate themselves better. This was to help ensure that the service and its staff were able to respond to people's needs in a way the person wanted. Records we viewed confirmed this.

People were given the opportunities to contribute to the assessment and planning of their care needs. This included both formal and informal reviews of care such as conversations about people's day to day lives. One person told us, "I feel much better here at [the service]. They [staff] listen to me here and do the things I want to do such as a quiz, a boat trip, puzzles, live music and singing." Another person told us, "There are people [staff] to talk to here." They went on to tell us that there were fewer people at the service that day as several had gone on a boat trip. We saw a notice on a board showing that there were three trips planned for the year and requesting staff to volunteer to help with these.

One person told us that they would be celebrating a special birthday in a few weeks' time and that they were looking forward to a party being planned by their family and friends. The deputy chef confirmed that on the day before our inspection they had made a cake and that another one was due soon according to people's wishes. The activities staff confirmed that this person had asked for an "Elvis look-a-like" to be booked for their special day. This was evidently a popular visitor as several other people explained how much they enjoyed his visits. A relative told us, "[Family member] had a fish tank at home and we asked could they bring it here which as you can see they [the manager] accepted." The relative went on to say, "[Family member] likes the radio on and it is always just how they like it." This showed us that the service and its staff listened to what people had to say and acted upon this.

People's individualised care was focused on what they wanted. For example, as part of a programme to develop people's cognitive function and health and wellbeing the service had been selected to trial a chair based exercise programme. One person showed us how they made shapes with their arms based upon letters of the alphabet. The representative of the charity providing this exercise programme told us, "The programme helps people with dementia or neurological impairment improve what they can do. We hold hands at the end and have a sing and everybody joins in. Even domestic staff and staff on their breaks had also taken part. A relative fed back to me that when [family member] came here [the service] they felt that they were giving up on life; but now six months later they were making eye contact, taking an interest in what was going on and that this programme had made a massive difference to their family member's quality of life."

People told us that there many interests to take part in during the week. The service had acquired some chickens which were housed in a chicken coop in the inner courtyard area. People could see this from their

windows or go outside to feed them. Two people told us that they also had an allotment nearby and they had been involved in planting seeds to go to the allotment. One person told us, "We've got an allotment; we go out there when the weather is nice." They also told us that they enjoyed bingo, dancing and baking cakes. The allotment included sensory stimulation of herbs flowers and vegetables as well as having raised beds. People could also spend time on their own or with relatives or friends in their room doing what they liked to do such as watching TV or listening to music. One person said, "I am [age] in four weeks and there isn't much that I like to do but the staff make sure they come and chat with me." We later saw the person with a relative talking and greeting their pet dog.

People including those living with dementia had access to items of memorabilia that they could engage with during the day. For example, books, doll therapy, art work, music, small family type lounge areas and reminiscing with staff with the memories people had.

Two people we spoke with told us that they had a daily paper which they enjoyed with one of them explaining that they liked to do the puzzles. One person said, "As soon as the sun shines I go out into the garden." They also told us how they enjoyed the television in their room and that they liked to record programmes as well as listen to their radio. The person told us that they had some difficulty with their hearing and explained how they had been provided with headphones to enable them to hear clearly without a noise that could disturb other people. Another person told us that they enjoyed going out with staff on the bus so that they could buy their own make-up. Whilst a person explained to us that their niece would come and take them out in their wheelchair. A fourth person told us that a hairdresser came every Tuesday and they could make an appointment to have their hair done. This showed us that people's individual needs were acted upon as fully as possible

Each person had a member of staff with specific responsibilities for the individual aspects of the person's care. This included the responsibility to keep relatives or representatives informed about people's care, reviewing care plans and being the person's first point of contact. A relative said, "It is reassuring to know that there is someone there for [family member]." A member of staff told us that it was those aspects of people's lives that they wanted to do that was the most important thing. They told us that this is what made people feel they really mattered. People told us that the exercise programme charity staff came on a Monday and Tuesday to do chair exercises. One person was particularly pleased with these as it had helped them to keep active. During the afternoon we saw a group of four people in the downstairs lounge who were enjoying a karaoke session with the activities worker. This was also being enjoyed by the administration assistant who kept popping in to sing along and encouraging the others to join in. Staff also arranged for musicians to come in from outside to provide singing and dancing sessions. Staff also explained that the chair exercises being provided twice a week were very useful and that a group of people from the dementia unit were also involved. The staff had noticed how people from the dementia unit had been able to interact with the others.

People at a residents' meeting had requested different versions of cooked eggs, fresh home-made soup and more choices. The deputy chef and audit records confirmed that these requests had been acted upon. Care staff also used information from relatives and friends and included this in care plans they had read and knew well.

People were actively encouraged to give their views or make suggestions before they had the potential to become a complaint. We saw that staff checked people's general wellbeing and if the person was unhappy about anything. The staff then took prompt action if this was required. People and their relatives knew how to make a complaint and the manager had responded to the complainant's satisfaction. Information in the form of a service user booklet was provided on how to raise a concern or complaint. One relative told us, "I

can see they [family member] are very settled here. I don't have any concerns. If I did I would speak with [name of manager]."

Good

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager had left in October 2014. The manager was in the process of applying and the day after our inspection they had had their fit person's interview to become a registered manager. We found that they had been successful with this.

The manager told us that their regional manager contacted them frequently or they could contact them when required. This was to support the manager with any aspects of the service which needed improvement. The manager said, "If I need to support to get changes made to the home, as long as I can justify the benefit I am always supported. When the allotment was opened the local deputy mayor came as well as our managing director." We saw the progress that the manager had made in the seven months that they had been in post such as acquiring an allotment right next to the service. They also had plans from the local authority to enhance this by adding a gateway from the allotment directly into the service as well as enhancing the courtyard area with an innovative solution of the free-range chickens. These events had been featured positively in the local press.

People's, relatives' and staffs' views about developing and improving the service were sought in the most appropriate way. This included residents' and staff meetings as well as, staff spending time with people and their relatives. Where actions were required the manager showed us their audit tool and how and when each action had to be completed by. The visiting health care professional told us that they were going to feedback on the audit tool about the high quality of health and nutritional records now in place. They said, "Whoever thought of this deserves a pat on the back. The records are now amazing and very detailed."

All staff had praise for the way the manager led the service with a vision that anything was possible with the right planning and people's involvement. One care staff told us, "The manager is a very supportive person; it doesn't matter what my concerns or suggestions are they support me to the hilt." The deputy manager told us, "Having [manager] there is reassuring. I am supported to achieve what is best for the home and the people who live here." Another staff member told us that the manager was one of the best the service had ever had and that they were always on the end of a phone or around the service. They told us, "You never know when [manager] is going to appear to check if everything, especially people, are alright."

The manager kept themselves fully aware of the day to day staff culture and picked up if staff did not appear to be their usual selves. Two people told us that they knew the manager and said "I don't know her name but she's a nice person" while the other said, "Oh yes that's [name], she's a sweetheart." Staff confirmed that the support they received enabled them to do their job effectively. For example with mentoring, supervision as well as supporting staff at meetings which included reminders that staff needed to stick rigidly to their break times and that this situation was being monitored to ensure the quality of people's care was maintained as well as future plans to relocate the hairdressing salon and introduce a café type area downstairs.

A combination of audits and spot checks were undertaken by the manager. The manager also worked with staff during shifts or observed their care practice. This was to ensure staff were supporting people and

maintaining the right standards of care as well as offering any support if this was needed. If required they then put measures in place to support staff such as additional mentoring. One member of staff said, "We work as a team and this has been down to [name of manager]. If it gets busy upstairs or someone's needs change suddenly then we all pitch in to help."

The manager had, from records viewed, notified the CQC of incidents and events they are, by law, required to tell us about. We saw that the manager was correctly displaying our previous inspection rating. The manager was also in the process of notifying us about a recently approved DoLS. This was to ensure that we were kept informed about any changes affecting people's liberty. The manager had also made sure that each person using the service was using the new care plans. All staff and healthcare professionals commented how much better they were with much more accurate information. This information was accessible including being in picture format for those people who needed this.

Very strong links were maintained with the local community and included the involvement of a local retail organisation with helping get the allotment up to a high standard and a local dementia friends' volunteer group. We observed how people were supported by this group doing arts and crafts which we saw people really enjoyed. One person told us, "I loved the boat trip and the volunteers they [staff] make it an exciting place to live. Just because I am older doesn't mean I have to stop doing things." Social inclusion was promoted and supported.

Where issues affected people's care the manager was kept informed. For example, with the use of equipment to support a person until the community nurse arranged a permanent solution. This was to help maintain people's standard of care promptly. One person told us, "I do see [manager] regularly. They have a busy job but they make time for me." We saw on several occasions how the manager put people first by always making time for people's request no matter how small these appeared.

All staff confirmed that they really liked working at the service. One said, "I decided that I wanted to put something back into society and [manager] has given me that opportunity. My support is always constructive." Relatives told us that they were always invited to meetings with their family members as well as being given information in the form of letters; e-mails and also in conversation with the manager. We saw that this included important information and events that had taken place such as the boat trips, celebrations for people's birthdays as well as future planned events such as entering the service's allotment, which people had taken ownership if its upkeep, in the local 'gardens in bloom' contest.

From our observations throughout the day we saw that the manager and all staff understood their role and the key risks and challenges in running the service. This included balancing people's needs with the right staff resource as the number of people using the service increased. This was being matched through recruitment of additional staff. We saw that people were supported to take part in the running of the service as much as practicable and that people's abilities were supported. This showed us the service sought to ensure that people lived a full and meaningful life.

Staff were regularly reminded of their roles and responsibilities at supervisions and staff meetings. Staff told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of if this was required. One care staff said, "I would absolutely have no hesitation whatsoever if I ever witnessed any poor standards of care. This is people's home and not just where they live. They have a right to be treated well."

The service had been awarded a rating of five out of five for food hygiene [this is the highest award]. Part of this assessment includes the management of food hygiene. We saw that this standard had been maintained.