Ewart and Dilworth Limited

Ferguson Lodge

Inspection report

Ferguson Lane
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Tyne and Wear
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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 17 and 18 December 2015 and was unannounced. This means the provider did not know we were coming. We last inspected Ferguson Lodge in April 2014. At that inspection we found the service was meeting the legal requirements in force at the time.

Ferguson Lodge is a care home that provides accommodation and personal care for up to 46 older people, including people with dementia related conditions. Nursing care is not provided at the home. At the time of our inspection there were 38 people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that people were protected from harm and their care was delivered safely. Appropriate arrangements were made to assess and minimise risks and safeguard people against abuse. A safe environment was provided that was clean, comfortable and suitably equipped to meet people's needs.

A robust process was followed when new staff were recruited. Enough staff were employed to provide people with safe and consistent care. Staff were trained and supervised to support their personal development and meet people's needs effectively.

Medicines were managed safely and people were well supported in meeting their physical and mental health needs. People received a varied diet with choices of food and drinks and their nutritional needs were closely monitored.

People and their relatives were able to be involved in and direct their care and support. The implications of mental capacity law were understood and implemented where people were unable to make important decisions about their care.

Staff had formed positive relationships with people and had a good understanding of their individual needs and preferences. The staff were caring and respectful in their approach and ensured that people's privacy and dignity were promoted. Further improvements were being made to create a dementia friendly care environment.

People had personalised care plans for meeting their needs and their care was kept under regular review. A stimulating range of activities was offered to help people meet their social needs and the service had good links with the local community. People were happy with their care and had no complaints.

There was a clear management structure that provided staff with leadership and support. Systems were in place for obtaining people's views and feedback was acted on. The quality of the service was routinely checked and a number of developments were planned to continue to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risks to people using the service were managed appropriately and steps were taken to protect people from harm and abuse.

Recruitment was robust and there were sufficient staff to meet people's needs and provide continuity of care.

People were safely supported with taking their prescribed medicines.

Good

Is the service effective?
The service was effective.

Staff received suitable training and support to meet the needs of the people they cared for.

Care and treatment was given with people's consent and the implications of mental capacity law were understood.

People were supported to maintain good health and meet their nutritional needs.

Good

Is the service caring?
The service was caring.

Staff had a caring approach and had developed good relationships with people living at the home.

People were able to make day to day choices and decisions about the care they received.

Staff treated people with respect and promoted their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Care plans were focused on each person's individual needs and well-being.

People were well supported to engage in social activities and be involved in their community.

A complaints procedure was in place that people understood. No complaints had been made about the service.

Good

Is the service well-led?
The service was well-led.

An experienced registered manager was in post who was committed to developing the service.

Staff worked well as a team and had good leadership and support.

The quality of the service was assessed and monitored and people's feedback was used to influence the service.

Good

Ferguson Lodge

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 was 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 17 and 18 December 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority that commissions the service who told us they had visited the home in August 2015 and found no concerns.

During the inspection we talked with 16 people living at the home and five relatives or visitors. We spoke with the registered manager, the deputy manager, 12 care and ancillary staff, and a visiting professional. We observed how staff interacted with and supported people, including during a mealtime. We looked at 11 people's care records, medicine records, staff recruitment and training records and a range of other records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. A relative said, "My (relative) has been in the home about eight months now, and has settled well. The care is good, and the staff are very nice. Yes, I feel (my relative) is safe here." Another visitor told us, "I have never had any concerns about my relative's care or safety."

Records confirmed that staff had been given training in safeguarding people from abuse. Policies and procedures on safeguarding and whistle-blowing (exposing poor practice) were available for staff to access. Staff told us they had received safeguarding training and were confident that they would report any concerns about people's safety.

The registered manager understood their safeguarding responsibilities. They had ensured any safeguarding concerns were reported to the relevant authorities and taken appropriate action to prevent incidents reoccurring. A policy on the 'duty of candour' was being developed. This duty requires registered people to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong.

There were appropriate systems for the safekeeping of personal finances. Most people were supported with their finances by their families and the local authority acted as an appointee (a representative appointed on behalf of a person) for two people. Some people chose to have cash held at the home and other people had arranged for their relatives to be invoiced for personal spending. Suitable records of transactions were made and receipts for purchases were kept. Financial audits were conducted monthly to assure people their money was being managed safely.

The home had a full complement of staff and staffing was based on the numbers of people living at the home and their dependency levels. We observed that staff were organised, worked well as a team and had time to spend with people, as well as meeting their care needs. Cover for absence was provided from within the staff team for continuity of care and agency care staff had rarely been used. The registered manager and deputy manager worked in a supernumerary capacity and senior care staff led each shift. On-call arrangements were in place for staff to get support and advice at any time and, when necessary, to escalate emergencies.

We examined personnel files and found that all necessary recruitment information was obtained before staff were employed to work at the home. This included checks of criminal records and completion of an application form giving details of employment history, qualifications and training, and health. Proof of identity and two references, including one from the last employer, were obtained and verified and applicants were interviewed. The pre-employment checks demonstrated a thorough recruitment process was followed to check the suitability of new staff.

Risks to people were assessed using a range of generic and specific risk assessments. The latter included risks associated with nutrition, choking, bathing, smoking, falls, sensory impairments and skin integrity. Where a risk was identified, appropriate control measures were taken to minimise the likelihood of the person being harmed and all care plans included a risk assessment element that indicated the risk level.

People were accommodated over three floors in the home. All stairwells were protected by a keypad system and the lift required staff assistance as it had a key lock system. The front door was secure and outer doors were connected to the call alarm system to alert staff if anyone was leaving the building.

Arrangements were made to ensure that people were cared for in a safe environment. A maintenance person was employed who carried out regular safety checks including checks of equipment, lighting, water temperatures, and window restriction. Servicing agreements were in place and contractors were used as necessary for work needed in the building. The security of the home and the grounds were routinely checked. There was a smoking room, ventilated by an extractor fan. This room had adequate ashtrays and a metal waste bin and the door was kept closed to prevent smoke drifting into the corridor.

We observed that all parts of the home were clean and well maintained. Stocks of personal protective equipment were readily available for staff to assist with control of infection. Cleaning schedules were completed indicating the frequency and tasks undertaken in all areas. Any potentially harmful substances were kept in locked store cupboards and the domestic trolley was with the staff member at all times when in use.

Good

Is the service safe?

People had aids and equipment to ensure their safety including mobile hoists, bed and chair sensors and floor mats beside beds to prevent injuries from falls. The sensors meant that staff were alerted when people at risk of injury from falls had got out of bed or were in need of assistance. Wheelchairs and walking aids that were individual to each person were provided, following an assessment of need from either a physiotherapist, an occupational therapist or the falls team. Specialist equipment was at times provided by the district nursing service. We observed that staff used appropriate moving and handling techniques, assisting people to stand and use walking aids and wheelchairs. Staff explained what was happening and what the person needed to do. The procedures were unhurried and the person was treated with respect throughout.

Accidents and incidents were recorded individually on the home's electronic care planning system. Examples seen were suitably documented and analysed, stating the follow up actions taken and, where applicable, any future preventative action.

Staff told us the pharmacy used by the home provided a very efficient and effective service. GP surgeries could send prescriptions electronically and the medicines would be delivered the same day. A 28 day ordering system for medicines was in place and staff reported this worked very well. Medicines were administered by staff who had been trained in the safe handling of medicines and who had a detailed annual assessment of their competency.

Medicines were stored correctly in trollies for use on the floor and in lockable cupboards in the office/treatment room. The fridge was clean and temperature records were maintained. The room contained a first aid kit, information about certain medicines and conditions, and contact details for the GP surgeries and for the pharmacy. Controlled drugs (which are medicines liable to misuse) were stored in an inner locked cupboard within the treatment room and records were maintained correctly in the controlled drug recording book.

People had care plans for their medicines regimes and lists of current medicines were kept up to date. Medicine Administration Records (MARs) were colour coded, signed correctly and codes were used to explain the reason why any medicines had not been given. Each medicine had very clear and concise instructions on the MAR, including potential side effects and cautions. Separate MARs were used to record 'as required' and topical medicines. The computer system in use flagged up any allergies and these were also recorded on the MAR, together with personal details and a photograph of the person, for identification purposes. Thorough weekly audits were carried out to ensure that people received their medicines safely.

Good

Is the service effective?

Our findings

People living at the home and their relatives were happy with the care and support provided. One person told us, "The staff are brilliant." A visitor told us, "My (relative) was in here for 12 years and was very well looked after. I had no concerns about their care." We observed that staff asked people's permission before carrying out any support. One person told us, "Staff ask me if they can help me."

All new staff received a comprehensive induction to prepare them for their roles. Care staff told us the senior staff were always really helpful in explaining things and very supportive if they had any problems or queries. A newer care assistant we spoke with had previous experience caring for people in the community and told us they preferred working at the home. They confirmed they had undertaken induction and shadowing and said they received ongoing support from the management and senior staff. The deputy manager told us the home was looking to introduce the Care Certificate. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

An overview of staff training was maintained. This showed that staff were provided with a range of training in safe working practices and caring for people with dementia and challenging behaviour. Other training topics included equality and diversity, mental capacity and deprivation of liberty safeguards, skin care, continence management, oral hygiene, and palliative care. Some training was completed via e-learning and staff received reminders when this training was due to be updated. Classroom based training was also undertaken. The majority of staff had either completed or were currently studying for health and social care qualifications.

Care staff were provided with bi-monthly individual supervision and annual appraisals to support them in their personal development. The staff we talked with told us that any interests and requests for additional training were investigated and, wherever possible, facilitated by the home.

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. We found that formal processes had been followed to protect people's rights. For example, a 'best interest' decision was in place where a person was unable to give consent and needed to have their prescribed medicines given covertly.

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). DoLS were authorised for seven people and the registered manager told us further applications were being made. Where DoLS were in place, supporting documentation was scanned onto the home's electronic care planning system. The system was being updated to flag alerts and expiry dates for DoLS.

Care plans described the best ways for staff to manage behaviours which could be harmful with an emphasis on using diversional techniques. In practice, we observed that staff had good skills in working with people with distressed or challenging behaviours. For example, a senior carer intervened quickly to prevent a potential altercation between two people.

As part of the dementia environment there were signs on the doors indicating what was inside. This was so people could identify areas such as the bathroom and toilets. Senior staff were very aware of the need to create a dementia-friendly environment. This had been carefully planned and was beginning to take shape with minimal disruption possible for people. For example, grab rails in the toilets and some toilet seats were painted in a strong primary colour, dark blue. This was to assist people in identifying the rails and to enable them to focus on the toilet, as it clearly stood out and matched the picture on the door. These signs were in the process of being made much bigger. The handrails along the corridors were dark varnished, making them stand out and encouraging safer mobility and use.

People's medical history was recorded and care plans were in place which addressed physical and mental health

Good

Is the service effective?

needs. One person we spoke with told us they were well supported with their health needs by the staff and the district nursing service. They said, "I'm walking much better now and getting out more."

Staff reported good relationships with the district nursing service who visited daily and whose advice was seen to be incorporated into people's care plans. The service referred to other professionals when the need arose. At the time of the inspection the service was working with community psychiatric nurses, the challenging behaviour team, speech and language therapists, dietetics, podiatry, optical services and local GP's, and this was evidenced within the care planning system. The registered manager told us the home had worked in conjunction with the local health protection agency for people to be offered immunisation against a vaccine-preventable disease. Reassessments had been carried out when people's needs could no longer be met effectively met at the home and some people had moved onto nursing care settings.

A visiting health care professional gave us positive feedback about the service. They told us they received prompt referrals and had good communication with the staff. They had no concerns about the staff's skills and said they had been receptive to training they had provided. The professional commented, "It's one of the better homes. Staff are quick to spot things and they co-ordinate well with us."

People's nutritional needs were assessed and care planned. People's weights were monitored and food and fluid intake records were kept. This meant any changes in people's nutritional health could be quickly identified. Where risks were identified, people were referred to dietitians for additional advice and support. The chef told us they were informed about people's diets on admission and given updates from staff such as anyone experiencing weight loss. Information was held in the kitchen about people's dietary requirements, including pureed, soft and diabetic diets, and those people who were prescribed dietary supplements and needed thickened fluids. The chef routinely fortified food and catered for special diets, though felt they might benefit from training specific to the nutritional needs of older people. We discussed this training need with the registered manager who acknowledged this and agreed to look into potential sources of training and advice for catering staff.

There was a four week cycle of menus which was varied and provided choices of meals. Drinks and biscuits were served between meals. We discussed the preparation of fresh fruit and providing alternative calorific snacks with the chef. Mealtimes were staggered to give people the time they needed to complete their meal without feeling rushed. People chose their meals on the day and menus were displayed to refer to, though pictorial menus had not yet been introduced. We saw that people chose where they wished to have their meal, either in the dining room, lounge or in their bedroom.

At lunch time the meals were nicely presented and looked appetising. Paper serviettes and condiments were provided. Everyone stated they liked the food and after finishing lunch one person told the cook, "That was a lovely lunch. I thoroughly enjoyed it." Another person told us, "The food here is good". We noted on the first day of the inspection that only cold drinks were served during the meal; this was pointed out and rectified the following day when hot drinks were also offered.

Good

Is the service caring?

Our findings

People living at the home and their visitors told us they felt the care given in the home was very good and everyone we talked with felt the staff were nice. One person commented, "The staff are pleasant and helpful, and there are plenty of activities. I am taken out from time to time. I feel I am well cared for." Another person said, "They look after us very well here. The staff have a sense of humour and are cheerful."

The interactions we observed between people and the staff team were very positive. People greeted all members of staff with smiles and there was happy banter and exchanges. Staff had time to sit and chat with people, and staff spoke to people with respect and kindness. There was evidence of non-verbal communication and tactile communication. It was evident from listening that all members of staff knew the people in the home very well, understood their individuality and valued and respected them. A care assistant told us, "There's one person who is particularly reluctant to receive care but they respond well to me."

We saw that staff were sensitive to people's needs. For example, we observed a senior carer spent time with a person who was visibly distressed, acknowledging their feelings and giving them comfort and reassurance. In another instance, we heard staff discreetly discussing a newly admitted person's needs. A care assistant was mindful of it being the person's first day in a new environment and asked them if they wanted to take their meal in their own room or in the dining room. They then introduced the person to the other people they would be sitting with for lunch and let the person know they were on hand to assist them back to their room whenever they wanted.

Staff worked in an unhurried and calm manner, keeping eye contact when speaking to people, stopping to talk and to ask if they needed anything or wanted help with something. We saw a member of staff very patiently trying to discover if a person wanted to have a lie down in their bedroom after lunch. Once the person had decided they did, the care assistant went and got the hoist and sling and staff assisted the person to their room for an afternoon nap. There was singing and dancing on floor two. This was spontaneous activity which the staff were very relaxed about and from which people obviously got great enjoyment. On another occasion a person sang a Christmas carol which a care assistant joined with and the person was given a round of applause.

It was evident that the staff were very much a team and staff told us how much they enjoyed their work. There was a good atmosphere in the home and everyone was relaxed and enthusiastic. Working patterns meant that staff worked on the different floors and, as a result, knew all the people living in the home, which helped ensure a seamless delivery of care.

Staff had a very good understanding of the complexities of the people they cared for. For instance, they had reduced what could have become difficulties by explaining to other people and visitors (without compromising confidentiality), that things may be collected by another person but staff would ensure that they were returned to the correct owner. This reduced potential distress and agitation for everyone and was a caring and respectful way of dealing with the difficulty.

The home had a small unit on floor two for people with dementia-related conditions and on floor one there were people who had mild cognitive impairments. Work was underway to provide an environment that was dementia-friendly and addressed the specialist needs of people living with dementia. Plans were in place for aids and equipment which would improve the environment and everyday experience for people, so for example, they would be able to locate their bedrooms much more easily. Family members were involved in this work, which also included helping to create a valuable resource of objects and photographs.

Some of these improvements had started and we saw there were some new and very stimulating memory boxes going up on the corridor walls. These were themed and the plan was to rotate them around the home. There were areas of interactive items on the walls on floor two and this was being extended to floor one. Lots of new pictures, which included scenes from the local area and the North East, were ready to be hung. Great thought had gone into creating a calming and safe place to be. There was also a well-designed sensory garden, with seating and raised beds with lots of plants and shrubs which people could access for stimulation or a calm space to help with their well-being.

Good

Is the service caring?

The plans included a thoughtful way to ensure that all staff had knowledge of people's individual care needs and preferences. A laminated reversible picture that had the personal information on the back preserved the person's dignity and also gave staff the information they needed to meet the person's needs in the ways that they wanted.

We saw a range of useful information was displayed in the home for people and their visitors. This included the provider's complaints and dignity policies; forthcoming events; and leaflets and posters about other agencies including an advocacy service, the local authority, the Alzheimer's Society and the 'relatives and residents association'. A comments and suggestions box was available. Monthly newsletters were published which informed people and their visitors about events in the home and these also included a section welcoming comments and suggestions. A 'wish tree' had been made for people to display their memories of loved ones.

An informative welcome pack had been produced which gave people information about the service, the new services the provider was developing and a 'residents charter'. This included clear aims to uphold people's rights, respect privacy, and to treat people with dignity and ensure they were treated fairly and without discrimination.

Wherever possible, people were encouraged to retain their independent skills. For example, during lunch staff helped cut up food and prompted people to eat independently. We observed one person helped with the washing up, a really meaningful activity for the person, who told us, "I like to help."

We saw that staff knocked on doors and waited for a response before entering. One person told us, "My privacy is always respected." Most staff provided care in a dignified way, such as asking a person if they wanted a blanket to cover their legs when they were seated in a wheelchair. At lunchtime we observed that two of the three people who needed individual support with eating were assisted in an appropriate and sensitive manner. The care assistant who assisted the third person stood over them whilst giving food and did not speak to the person. When the meal was finished they did not wipe the person's face which was covered in food. Another care assistant noticed this sometime later and cleaned the person's face. This matter was brought to the attention of the registered manager and senior carer as a learning point.

Good

Is the service responsive?

Our findings

Visitors told us that staff updated them on the care of their relative/friend when they arrived at the home and they were always made welcome. One visitor commented, "Staff are really helpful and keep me updated regarding care matters. They are very caring people." Records confirmed that staff maintained communication with relatives at other times, for example, telephone contact to inform a relative of the outcome of a GP's visit to their family member.

Staff were knowledgeable about the care needs of individuals and knew when their relatives would be visiting. A care assistant told us, "We get time to know our residents well." There were plenty of staff on duty and call bells were answered quickly. We observed that staff were attentive and very responsive to people's individual needs and requests, such as a drink or to go to the toilet and all requests were met with care, respect and consideration.

We observed there were flexible routines and people made choices about their care. For instance, some people got up later in the morning and were given a light breakfast. One person told us they preferred to stay in their bedroom but chose to have their meals with others in the dining room. Another person told us they had a key to their room as they liked it to be safe. Visitors we spoke with confirmed their relatives and friends were offered choices and treated as individuals.

The service had a well-established computerised care planning system that allowed staff to complete assessments and plan people's care. Staff told us they found the electronic system very easy to use. The system could be accessed by the registered manager, deputy manager, team leader, senior carers and administrative staff. This meant that telephone calls could be logged as they came through reception and appointments could be updated and put straight onto the system. There was an alerting mode so that important information such as allergies and advanced decisions not to be resuscitated (DNAR) were clearly displayed.

Records were kept of people's ongoing care which were scanned onto the system weekly. These included accounts of the personal care provided, bathing, toileting regimes and where applicable, records for monitoring food and fluid intake, repositioning and behavioural incidents. The system also showed trends in areas such as weight, body mass index and blood pressure that enabled people's health and well-being to be readily monitored.

Life story work and 'This is Me' information, which informs staff about the person's needs and preferences, had been started and was being expanded upon. A range of assessments were completed that identified people's current needs. Care plans had been developed to meet all areas of needs and we saw these were personalised to the individual. The registered manager told us that further work was planned to enhance the care planning for people who were subject to Deprivation of Liberty Safeguards. All care plans were evaluated each month to check they remained effective and where necessary, they were amended to meet people's changing needs. Reviews of care were also seen to be carried out, involving people and their representatives.

A verbal handover was given at each shift change that provided staff with up to date details about people's well-being. Senior staff also recorded information that was passed on between shifts, such as making sure a person was given an early breakfast before going to a hospital appointment.

People and visitors commented very positively about the activities organiser, who was said to be well motivated and organised a varied activities programme with outings. A typical comment was, "The organiser has made a big difference to the home." There was an afternoon outing to a tea dance on the first day of the inspection and nine people were scheduled to go. The following day we observed people enjoying activities in the afternoon. They were singing and played a game with skittles in the dining room and there was lots of positive banter and humour between people and the staff.

One person told us, "There is usually something on in an afternoon but you can choose to attend or not". Another person stated, "I prefer to stay in my room although I have been to a couple of activities. If I choose not to go, the organiser pops into my room at some point for a chat." A relative told us, "The activities are good."

The home had its own transport with wheelchair access that was used for outings and also to take people to appointments. Visitors confirmed regular outings were arranged and on two days a week people joined in with

Good

Is the service responsive?

activities such as coffee mornings at a sheltered housing scheme close to the home. We were told links had also been forged with young people from a local college who came into the home to do nail care and socialise with people.

We saw the co-ordinator kept activities records which depicted the type of activity, where it had taken place, the people who had participated and the staff involved. They also analysed each activity in relation to people's physical, cognitive, emotional, social and sensory needs and the impact it had. The records showed many different types of activities were provided such as games, reminiscence, sing-a-longs, films, shopping trips, memory recollection with songs and photographs, prize bingo, gentle exercises, and one-to-one sessions with people. Numerous seasonal events had also taken place or were planned including a carol service, making decorations, a clothing sale, and a Christmas party with stalls, raffle, games, buffet and entertainment.

The home had a complaints procedure that people were aware of. One person commented, "I have nothing to complain about. Staff are friendly and caring, I get choice and the food is good." A second person said, "I raised a few issues when I first came here but they were sorted very quickly and I could not be more settled."

No complaints had been received in the past year. The deputy manager was working with a family and professionals involved in a person's care to raise understanding and awareness of particular issues. This meant potential areas of concern were addressed promptly and thoroughly to ensure agreed approaches to care and avoid preventable complaints arising. A number of compliments about the service had been received in the form of thank you cards and letters, many of which praised the management and staff for their care and compassion.

Good

Is the service well-led?

Our findings

The home's registered manager was also the provider of the service. They were supported in their role by the deputy manager who took a lead on care issues, a team leader and senior care staff. The registered manager demonstrated they were aware of their responsibilities and registration requirements.

People living at the home told us the registered manager regularly walked around the building and talked to people. When the registered manager came into the lounge a person pointed to them and told us, "He's lovely". Another person told us, "It's lovely here. I would recommend this place to anyone, it's a good home."

We found there was a strong team ethos in the home. For example, during the inspection the team leader was absent and the seniors and care staff were working flexibly and showed a good team effort. For instance, ensuring medicines were given at the correct times and that people's routines were not affected. There was a positive atmosphere in the home and staff appeared happy in their work and showed respect for one another.

Many of the staff had worked at the home for a long time. They spoke very highly of the management and senior staff and felt they could discuss in confidence any problems that they might have. The staff told us they felt valued and supported and really enjoyed coming into work. Their comments included, "I like that the home is family run. (Registered manager) and (deputy manager) are both very approachable"; "(Registered manager) and (deputy manager) set high standards"; and, "The seniors are very supportive, they're 'spot on'. I'm loving working here and getting to know people."

The registered manager told us the focus of the service was on providing good quality care and audits were carried out to ensure that this was delivered. These included a range of checks on care records, medicines management, health and safety and finances. The deputy manager had conducted an audit earlier in the year that was based on a leading health charity's criteria to review the extent to which the home was dementia friendly. This had looked closely at whether the environment promoted meaningful interaction and purposeful activity; well-being; mobility; eating and drinking; continence and personal hygiene; orientation; and calm, safety and security. The audit had identified a range of actions that we saw were being followed up to further enhance the environment.

The management aimed to consult with people, their families, the staff and other professionals about the running of the home. 'Resident and relative' meetings had been arranged to get feedback however these had not been successful and no-one had attended the last meeting. Comments and suggestions were encouraged through other means and these were acted on. Surveys were also carried out to get people's views. Food satisfaction surveys had recently been completed with an emphasis on asking people about their favourite meals and what they would like to see included in the menus more often. The findings had then led to an audit of the menus to follow up on people's responses.

Staff meetings were held to discuss care standards and practices and at times supervisions were themed to particular care related topics. The deputy manager told us the service worked collaboratively with other professionals to benefit people's care. They showed us, for instance, evidence of a meeting held with district nurses to review best practice in relation to skin integrity.

The registered manager described their vision for the future of the service. They told us they were increasing administrative resources and moving some administrative functions to be operated off site for efficiency. A number of developments were also being planned with the aim of providing more integrated services for older people living in the local community. Short term care was already provided at the home and consideration was being given to setting up a domiciliary care service in the future. Food delivery and maintenance services to people in their own homes were also in the early stages of being developed.