Anchor Trust

Trinity Lodge

Inspection report

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Date of inspection visit:
01 December 2016

Date of publication:
22 December 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

Trinity Lodge is registered to provide accommodation and personal care for up to 40 people. The home provides a service for older people living with dementia. There were 37 people living at the home on the day of our inspection visit. The home was divided into three units, with a lounge, dining area and kitchenette on each unit.

We inspected Trinity Lodge on 1 December 2016. The inspection was unannounced. At our previous inspection in October 2014 the service was meeting the legal requirements.

There was a registered manager in post at the service. 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 registered manager was away from work at the time of this inspection. The home manager was deputising in their absence.

People, their relatives and staff said Trinity Lodge was a safe place to live. Staff understood their role in keeping people safe and for reporting concerns about abuse or poor practice within the home. There were systems and processes to protect people from risk of harm. These included a risk management process, a thorough staff recruitment procedure and an effective procedure for managing people's medicines.

The managers understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had completed training in the MCA and understood how to support people to make decisions about their daily lives. Where people lacked capacity to make decisions about their care, decisions had been made in the person's best interests.

People told us staff were friendly and caring. Throughout our visit staff showed people kindness and treated people with respect. People were treated as individuals and were encouraged to make choices about their care. Staff protected people's privacy and dignity when providing care.

Staff had up to date information about people's care and a good understanding of people's needs and preferences. People's care records contained individualised information about how people liked to receive their care.

There were enough suitably trained staff to keep people safe and to meet people's needs. Staff received the training and support they needed to meet people's needs effectively. All staff, whatever their position, had been trained to understand dementia so they could interact effectively with people living in the home.

People's health needs were monitored and people were referred to healthcare professionals when a need was identified. There were processes to ensure people's nutritional needs were met and people had enough to eat and drink during the day. Snacks were readily available to encourage people to eat.

Visitors were welcomed and relatives and friends could visit at any time. There were processes in place for people and relatives to express their views and opinions about the home. People and relatives told us they were listened to and were confident they could raise any concerns with staff and the managers.

People told us they were happy with their care and had no complaints about the service they received. People who lived at the home, relatives and staff said the home was well managed. There were systems in place to monitor the quality of the service. This was through feedback from people and their relatives, staff meetings and a programme of checks and audits.

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 knew what action to take if they had any concerns about people's safety or wellbeing. There were enough suitably skilled staff to meet people's needs safely and consistently. Staff understood how to manage identified risks to people's care and there were safe procedures for recruitment of staff and managing and administering medicines.

Is the service effective?

Good

The service was Effective.

All staff received an induction and training to meet the needs of the people who lived at Trinity Lodge. Where people lacked capacity, managers and staff understood the principles of the Mental Capacity Act 2005 so people's rights were protected. Arrangements were in place to ensure people received good nutrition and hydration. People's health was monitored and healthcare professionals were involved to maintain people's health and wellbeing.

Is the service caring?

Good

The service was Caring.

There was a regular team of staff who people were familiar with and who knew how people liked to receive their care. Staff demonstrated they cared about people and respected their individual wishes. People were supported by staff in a way that maintained their privacy and dignity.

Is the service responsive?

Good

The service was Responsive.

People were happy with their care and had no complaints about the service they received. Staff had a good understanding of people's individual needs, their preferences, and how they liked to spend their day. Staff were kept up to date about people's care needs through care records and a handover meeting at the

start of each shift, which assisted staff to provide the care and support people required.

Is the service well-led?

Good

The service was Well Led.

People, relatives and staff told us there was good management and leadership in the home. The managers and care staff understood their roles and responsibilities. Staff felt supported to carry out their roles and said the managers were available and approachable. The quality of service people received was regularly monitored through a series of audits and checks.

Trinity 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 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 1 December 2016 and was unannounced. The inspection was undertaken by two inspectors, a specialist advisor and an expert by experience. The specialist advisor was an experienced nurse who specialised in dementia care. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Before our visit we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Prior to our visit we had received concerns about some aspects of the service, which we had shared with commissioners and were able to review on this inspection.

We spoke with three people who lived at the home and seven relatives. We spoke with the home manager, two care managers, two team leaders, six care staff, an activities co-ordinator, the chef and a house keeper. We observed people's care and support during the day.

Most people at Trinity Lodge were unable to share their views and opinions about how they were cared for as they were living with dementia. To help us understand people's experience of the service 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 to us.

We reviewed five people's care records to see how their support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We looked at other records related to people's care including the service's quality assurance audits, records of complaints and incident and accidents at the home.

Good

Is the service safe?

Our findings

All the people living in the home had varying degrees of dementia, so it was difficult to ask some people specific questions about feeling safe. However, all the family members we spoke with had no concerns about people's safety. Staff we spoke with told us people were safe. One staff member said this was because, "Customers are given adequate attention and those at risk of falls are monitored."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. All staff, including non-care staff told us they would not hesitate to report concerns. Staff understood what constituted abuse and what to do if they suspected someone was at risk. For example one staff member told us if they noticed any changes in people's behaviour or unexplained bruising they would document it and report it to a team leader or care manager. Staff had received training in keeping people safe and had access to the information they needed to report any safeguarding concerns for example, safeguarding information was displayed in the staff room. One staff member said, "I would go straight to the team leaders and if they didn't deal with it, I would go to the manager. If they didn't do anything, I would take it to their boss."

Staff said they would have no hesitation raising any concerns they had about poor practice within the home. One staff member told us, "We know about whistle blowing and all the managers are approachable." Another said, "There is a policy for whistle blowing and CQC's number is on the staff room wall." The managers understood their responsibility to report safeguarding concerns, and had referred any concerns to the local safeguarding team and submitted notifications to us as required.

The provider had taken measures to minimise the impact of unexpected events. Fire safety equipment was regularly tested and maintained. Staff knew about the fire safety procedure and how to evacuate the building in case of fire. One staff member told us, "If the alarm went off now we would go to the reception area. The manager would look to see where the fire was and two staff would go to see if it was a genuine fire. If the fire alarm goes off the fire doors automatically close." They went on to say, "It's important to put two fire doors between you and the fire." This demonstrated they knew how to keep themselves and others safe.

The managers told us there was a contingency plan in place should an emergency occur that meant people were unable to stay in the home. Each person had an emergency evacuation plan so staff and the emergency services would know what support people needed to evacuate the building. Bedroom doors had colour codes to assist the evacuation procedure; these identified which people required assistance to evacuate the building.

Prior to this inspection we had received concerns about the number of falls people were having, the moving and handling practice of staff and poor pressure area care in the home. We referred these concerns to the local authority to investigate; they had visited the home and found no concerns in these areas. We were also able to review these concerns during our visit. We found, staff understood how to manage risks associated with people's care and information about people's risks were recorded in their care plans.

There were procedures to reduce the risk of falls to people. Staff were aware which people were at risk of falling due to poor mobility and their dementia. One staff member said, "You can't always help falls happening but you have to try and prevent them. You make sure there is no clutter on the floor and there is nothing in their way." Another said, "We have to monitor them (people) regularly and someone has to be around. We don't leave them alone completely." Staff knew how to assist people off the floor if they had fallen. Staff told us they were unable to lift people manually and had been shown how to use a hoist to do this.

Accidents and incidents in the home were recorded. The records were checked by the managers to identify any trends or patterns. The manager had identified risk of increased falls for some people and actions had been taken to reduce the risk. Where falls had been happening in people's bedrooms, falls mats and sensors to reduce injury and alert staff when the person had fallen had been provided. Changes had been made to staffing so that team leaders spent more time in communal areas. These practices had reduced the amount of falls people experienced. The manager had notified us when falls and injury had occurred.

People had mobility care plans and risk assessments completed that provided instructions for staff if the person required assistance moving around. Staff had a good understanding of people's mobility skills and who required equipment to help them move. We observed staff helping people who walked with a walking frame. They walked at the person's pace, with their hand on the person's back in case they stumbled. People were not rushed, and the staff member gently reminded them to use both hands on the walking frame for safety.

We observed staff using a hoist to move people on several occasions during our visit. People were transferred safely, however we noticed staff did not always apply the brakes on the wheelchair people were being transferred into. Although there was a member of staff standing behind the wheelchair the brakes should be applied to make sure the wheelchair remains stable. We discussed this in the feedback to the managers, who said they would instruct staff to do this in future to ensure people remained safe.

People who required assistance to move around had plans completed to reduce the risk of skin damage. Staff understood how to reduce the risks of skin damage to people. We were told if staff noticed any changes they reported this to the team leaders or care managers. Staff told us, "They [people at risk] have pressure relieving mattresses and cushions. If people are in bed we turn them. For people sitting in armchairs, we try and encourage them to stand up to relieve the pressure. Good hygiene is important and using the proper creams if they have been prescribed." Another said, "If I notice a skin tear, straightaway I would call the team leader to have a look and they would get the district nurse." And, "We make sure their pads are changed regularly. We make sure they have cushions and they are always in place." We saw the correct equipment was in place to reduce the risks of skin damage such as pressure relieving equipment and mobility aids to safely transfer people. We observed when people were transferred using a hoist, staff were diligent in ensuring the pressure relieving cushions were in place for them to sit on. Staff knew which people were at risk of developing sore skin. One staff explained to us in detail how one person's skin was cared for and the reasons for this. They told us the person had to be handled very gently as their skin was fragile and they were at risk of skin tears.

People, staff and visitors to the home all said there were enough staff to meet people's individual needs. Although one relative told us, "I come at varying times and in the week it seems ok, but sometimes there is not enough staff at weekends". A staff member told us, "I do (think there are enough staff), there is always enough staff on each unit and an extra member of staff to watch for falls and things like that." Another staff member said, "Sometimes we don't have enough, the team leaders do help out if we are short staffed." This staff member went on to say staffing levels were always sufficient to keep people safe. The manager told us

the usual staffing in the home was seven care staff each day, plus two team leaders, two care managers and the manager. We looked at staff rotas which confirmed the staffing levels we had been told. In addition to care staff, housekeepers and the activity organiser worked on the floor and were additional 'eyes and ears' to keep people safe. Throughout our visit we saw there were sufficient staff to provide the support people required to promote their wellbeing and to keep them safe.

The provider followed a thorough recruitment process to ensure staff were safe to work with people who lived in the home The provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about newly recruited staff. The DBS is a national agency that keeps records of criminal convictions. One staff member told us, "It took a long time before I started. I couldn't start until my references and my DBS check came back." We checked the files of three staff which confirmed all the checks had been carried out before they were able to commence work in the home.

We checked to see whether medicines were managed safely. There had been a recent pharmacist audit of medicines on 25 October 2016. No actions were required following this audit. Medicines were stored safely and securely and kept in accordance with manufacturer's recommendations to ensure they remained effective.

Medicine administration records we looked at had been signed by staff to confirm medicines had been given as prescribed or a reason had been recorded why they had not been given. Where people were prescribed medicines "when required" for pain relief, there were protocols (plans) in place to ensure staff gave them safely and consistently. Some people required their medicines to be given 'covertly' i.e. hidden in food or drink. Protocols had been signed by the persons GP to agree to this method of administration, however, not all had been discussed with a pharmacist to ensure medicines remained effective if crushed. We brought this to the attention of the manager, who advised us pharmacy checks would be undertaken. Team leaders were responsible for administering medicines; they had completed training and were assessed as competent to give medicines safely.

We asked staff if they would be happy for a relative to live at Trinity Lodge, staff told us they would. One staff member said, "I would, absolutely. I know I can trust the people in this building. I trust the management and the carers so I know a member of my family would be safe."

On the day of our visit the home was clean, warm and homely.

Good

Is the service effective?

Our findings

We asked relatives if they thought staff had the knowledge and understanding to meet their family member's needs. They told us, "I think they do, they seem to know what they are doing."

New staff received an induction and training when they started work at the home to make sure they could meet people's needs. The care manager responsible for staff training told us the induction programme was based on the Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, and behaviours expected from staff working in a care environment. Staff told us during their induction they also completed a number of shadow shifts so they could get to know people and understand their individual needs. One staff member said, "The first two weeks I did shadowing. I worked with different carers, watching what they did. I worked in all the units to get to know the customers."

Staff said they received regular training to refresh their knowledge and keep their skills up to date. Staff told us about their training, comments from staff included, "It's alright. We do some in-house and they have a training hub we can go to." Another staff member said, "We have regular training and update our back training (manual handling) every year." Staff said they were paid to complete training and if it was external they were supported with travel arrangements.

Staff told us they had received training to support people living with dementia. All the staff said the training was interesting and had made them think about their practice. One staff member said, "I found it really interesting. I learnt a lot about the different types of dementia. The trainer made you think about how people might feel if you approach them from behind. It taught me how to approach customers and to understand how they were feeling and what they were seeing." Another said, "Some of it (dementia training) was heart breaking. The trainer got you to write things down about your life and the she ripped bits off. It was a simulation of losing bits of your memory." And, "It (the training) was in depth. It broadened my knowledge so I appreciate what people are going through and how to respond to them. So if they ask for a cup of tea and when you bring it they say they didn't ask for it, I learnt you don't need to argue, just take the cup of tea away."

Throughout the day we saw staff undertake tasks that demonstrated their knowledge and understanding of working with people living with dementia. Staff approached people with respect and friendliness which encouraged people to have meaningful interaction with them. Where people showed signs of agitation staff lowered the tone of their voice when they spoke to them, which calmed the person. We were told all staff completed dementia training including housekeepers, activity co-ordinators and maintenance staff so they could interact effectively with people. The senior housekeeper, told us they were 'fully trained' as a carer so they were able to support people if needed.

Staff told us their knowledge and learning was monitored through supervision meetings and observations on their practice. Staff had regular supervision meetings with their line manager during which they discussed their personal development and training requirements. Records showed where staff had requested, or been observed to need, further training or support to carry out their roles effectively this had

been arranged. For example, following an observation of one staff member we saw they had completed further moving and handling training to ensure they knew how to move people safely.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager explained, "If I had a concern about anyone, I would arrange for a mental capacity assessment and hold a best interest meeting." Where people did not have capacity, decisions were made in their best interests in consultation with family and others involved in the person's care. For example, where people refused medicines that were important for them to take, it had been agreed for this to be given covertly (disguised in food or drink).

All the people at Trinity Lodge were living with dementia and had restrictions on how they lived their lives. People were under constant supervision and were unsafe to leave the home on their own. There were also internal coded doors to keep people safe. Applications for DoLS for people who lived permanently in the home had been authorised and documents to confirm this were available on people's care files.

Staff had received training in the MCA and understood the need to support people to make their own decisions. One staff member told us, "It is up to the customer. We show them options for them to choose what to wear and what they want to eat. It is their home." Another said, "We don't assume what people want we always give a choice." Staff told us how they supported people who did not make decision for themselves, "We make decisions for them in their best interest. Staff understood people had the right to refuse certain aspects of their care, for example, one staff member said, "Some customers make their own decisions and if they say no to you, you can't force them."

People and relatives we spoke with were happy with the range and choice of meals provided. A relative told us, "The food is good; I often eat here as I come at least every other day."

The chef was provided with information about people's dietary requirements each week. This included special diets and information about people's weights so they knew if anyone was losing weight. The chef had a good understanding of people's dietary needs including pureed diets and how to fortify food to add extra calories by using butter and cream. The chef told us, "The food that goes out isn't bland. It is full of flavour and tasty." The chef said they asked staff to try the food to make sure it tasted good.

There was a kitchenette on each unit which had bread, butter, jam, cereals and biscuits. There was also the facility to make hot and cold drinks. A staff member confirmed people could have snacks throughout the night if they wanted them. Throughout the day we saw people were offered various hot and cold drinks, where people refused staff encouraged people to have a drink. At 11.00am the chef set up 'snack stations' in each lounge area with cheese and biscuits, fresh fruit, chocolates and jugs of juice.

The menu for the week was displayed on the wall in the dining areas so visitors could see what their family members were eating. The menu was varied with a good selection of options available. There were two choices of main meal and puddings each day both at lunch time and for the evening meal. The main meal

was served in the evening during the week and at lunch time at the weekend.

We observed the lunchtime meal in each dining area. Tables were laid with tablecloths, table mats; cutlery, condiments, and drinking glasses. There were menus on the table. People were shown the choices of drinks and meals available so they could choice what they preferred. People were served food to suit their dietary needs, for example, people who required fork mashable or pureed food received this. People who were able to eat independently were supported to do so. Where people needed assistance, a staff member sat beside them and helped them at the person's pace. Some relatives sat with their family member and chatted during their meal. The atmosphere was relaxed and friendly. The food looked hot and appetising and people's lunchtime experience was not rushed.

Where people required special diets, for example soft or pureed food to minimise the risk of choking, records showed referrals to and involvement from dieticians and the speech and language team (SALT). Where risks had been identified, a care plan was in place to minimise the risk. Staff had a good awareness of people's dietary requirements.

Records showed people's health and welfare was monitored and referrals made to health professionals when needed. People had assessments of their nutritional needs completed and where people were at risk of dehydration or malnutrition their food and drink intake was monitored to ensure they received sufficient. People were weighed regularly, if their weight fluctuated this was monitored more frequently. People received regular visits from their GP or the district nurse to monitor health conditions. Care records contained a customer transfer record, which was a summary of people's physical and emotional needs should they need to be admitted to hospital. This would support hospital staff to understand peoples existing health conditions, their mobility and capacity to make decisions.

Good

Is the service caring?

Our findings

Relatives spoke positively about the staff, their caring attitude and the care they provided. Their comments included, "It is absolutely wonderful. [Name] moved from assisted living and has settled in so well, we were concerned they might not but [person] has, and is eating a lot more now too." Another said, "They [staff] try so hard for everyone, not just [name]."

During the day we observed interactions between staff and people who lived in the home. Staff were observed to be caring and attentive with people. There were mutual caring relationships between staff and people, who showed affection for each other and shared a lot of humour. One staff member told us, "I love working in the home, I've been here since it opened and the customers are all special to me."

Staff seemed committed to making people feel cared for and happy. One staff member told us, "Just seeing the customers smile makes me smile." Another said, "I believe all staff and management care so much about the residents." A staff member told us what 'caring' meant to them, "It is just being a loving, caring person for your customers. It is being there for them." Another member of staff had come in on her day off to support the activities the home had planned for the day. When we asked why, they responded, "For the customers really."

Staff were aware of people, for example, at lunchtime a staff member noticed the sun was in one person's eyes and immediately drew the curtain over. When using the hoist to move people, staff explained exactly what they were doing and provided reassurance (verbal and physical) throughout the procedure.

Staff supported people to feel valued. Staff knew people's preferred names and spoke to people in a positive and respectful way. When walking with people, staff chatted to them at the same time, and when they passed people they stopped to say hello and have a chat. A care worker told us, "I always stop to talk to the customers."

All staff we spoke with and observed clearly knew people well and were responsive to people's requests. During personal interactions their knowledge of individual's preferences and needs were evident. One person was holding a doll when they sat down for lunch. A staff member said, "Shall we put the baby in there and we will get him some food later on." One person's relative had brought in various items for them to hold because they had very active/busy hands. For example a small drill. Staff ensured the person had this when their family member left.

Staff maintained people's privacy and dignity. During our observations staff spoke discreetly to people when they asked about personal care and escorted people to bathrooms or their bedrooms to deliver this in private. Staff told us how they supported people's privacy, comments included, "I talk to them and make sure it is what they want. Some people don't want you to wash certain areas. They want to do it themselves, so you let them do it. I make sure they are always covered up."

People were supported to do things for themselves and to remain as independent as they could be. Staff

told us how they promoted people's independence. Comments included, "By giving choices and allowing them to do what they want to do." We saw people were treated as individuals and were encouraged to make choices about their care. This included how people wanted to spend their day, what clothes to wear, where they would like to sit, and their choice of food. Another said, "Some people like to walk around the building exploring and we never stop them." We saw people walked freely around the home spending time in different areas if they chose.

Staff supported people to maintain relationships with family and those closest to them. Relatives and visitors told us they were welcome to visit at any time. One relative told us, "I love coming here, it's so friendly." When we asked staff what was the best thing about the home, they told us, "The customers."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A relative told us, "[Name] has been here for about eight months, it's 100%, they go out of their way to help and support."

Staff we spoke with had a good understanding of people's needs and preferences and how they liked to spend their day. Staff told us care plans contained information about people's preferences and background history so they got to know about the person. We asked why it was important to know about people's backgrounds, one staff member told us, "It is a good conversation starter," another said "So you know how to treat them. What their wishes are and what they like so you don't go against what they believe in. Knowing what they like means you are treating them with dignity." Staff said they had time to read care plans, "When we start they encourage us to read the care plans and let you know when they are updated as well." Another said, "Because the customers have been here a long time we know their care plans. If they are new, we read the care plans."

Staff told us they had a handover meeting at the start of their shift which updated them with people's care needs and any incidents since they were last on shift. Staff said this kept them updated about people's care. One staff members said, "You get told in the handover what happened on the last shift and everything is passed over. Team leaders let staff know about any changes." We observed the handover of shift in the afternoon. Staff were given an update about each person, and a record of what had been discussed was recorded.

A staff member said, "If I have annual leave, when I come back I have to have an update of everything that has happened in the building while I have been off." Another staff member told us they had just returned from three weeks annual leave, "Immediately after handover the team leader took me to the office and gave me a run down about all the units, all the customers and what had changed." This made sure staff were kept up to date about any changes in people's care to enable them to provide the support people required.

Staff told us that communication in the home worked well and that staff were responsive to people's needs. Comments included, "There is really good communication here. In handover, the team leaders will explain if somebody has had a fall and if they are at risk of falls. We always have things explained to us." Another staff member said that incidents where people became distressed and agitated were dealt with calmly and well. "We have had situations. The team leaders come and talk to the person, take them away and calm the person down, they manage it very well." Throughout the day we observed staff responded to requests for assistance from people and answered call bells quickly.

People's diversity needs were discussed with them, for example one person preferred female staff to provide their personal care. Staff knew people's preferences and we observed people's preference to gender of care staff was upheld during our visit.

We looked at five people's care records. Care plans contained relevant information for staff about people's needs and how they liked their care provided. We found plans were not always personalised and some plans

were a little vague in regard to people's backgrounds, but there was enough information for staff to understand about people's needs. Most care plans had been updated monthly, and staff had documented any changes. We found one care plan that hadn't been updated following a change in the person's skin condition. Daily records completed by staff indicated the person was getting the correct care to manage their skin, for example hourly checks at night, repositioning and pressure relief. We discussed this with the managers during our feedback who said they would ensure the care plan was updated. Where people had specific behaviours related to living with dementia there was instructions for staff about how to recognise triggers to changes in people's behaviours. Staff we spoke with understood people's behaviours and how to respond if people became upset. Plans contained information about people's communication skills. Where people were unable to communicate verbally, the signs and gestures people used to communicate were recorded, for example, ''[Person} smiles and nods to confirm happy with assistance.'

There were things for people to do during the day. Staff told us, "We have the activity co-ordinator, but the carers do activities as well, putting music on and dancing with them." On the morning of our visit the Mayor visited to switch on the Christmas tree lights and a duo had been hired to sing to people. The music was of a relevant era which they enjoyed. Several residents attended. We observed two people holding hands and dancing to the music they were smiling and clearly enjoying the moment. In the afternoon there was a music and exercise activity in the main lounge. Although people were encouraged to participate in both the switching on the 'Christmas Lights' event and the afternoon 'music & exercise' activity, there was no pressure to do so. We saw people come and go throughout both activities.

There was a weekly activity planner on each unit so people and their families were aware of what was going on. There were activities in the morning and the afternoons. Morning activities for the week of our visit included a morning movie, pamper morning, Christmas light switch on and cake decorating. Afternoon activities included coffee and cookies, music, I-pad session and board games. A pantomime was planned for 15 December 2016.

We asked the activity co-ordinator about dementia friendly activities for people. We were told they did individual activities with people. They checked people's care plans to find out about their background and carried out observations to see what people enjoyed. They knew about people's individual interests, and told us, "I would read to them and engage in 1-1 activities. For example, [Person] used to drive tanks; he loves to go to the War Museum. Another loves football, so we talk about football and sing football songs. They really enjoy it." We asked about arranging external trips, the activity co-ordinator told us, "I'm trying to get access to the council 'Ring & Ride' services again and now the paperwork is being sorted out, I hope to start trips out again soon", they added, "It's very expensive if we have to use taxis."

There were things for people to engage with around the home, various items had been placed around the home for people to access. Reminiscence boxes and rummage pockets had been hung in the corridors containing 'nic naks' 'for people to pick up and feel. Corridors were themed, so people could identify each area and bedroom doors contained memory boxes and photographs so people could recognise their bedrooms. The manager told us last year people had been asked what they missed and what they would like to do. Several people had said they missed going to the seaside and eating fish and chips. Following this the manager arranged for an area in the garden to be reorganised to replicate a beach, with a beach hut, sand and deck chairs. The manager said this area had been well used in the summer months. They also said, when beach area was completed they had an official opening, people were served fish and chips in boxes and they had hired an ice cream van which people had enjoyed.

We visited the home on 1 December we saw calendars in communal areas set to the correct date and clocks showed the accurate time. There was already a list displayed of people who had birthdays in December.

This indicated staff understood the need to ensure information was accurate and up to date so people living with dementia where not confused.

Staff knew how to support people if they wanted to complain and complaints information was available to people and visitors in the entrance hall. One staff member told us, "If someone wanted to complain I would ask them about their complaint and ask if they were happy to talk to a team leader, and take them to the team leader. I would leave them with the team leader and then later on I would go to the person and check if they were happy with things."

We looked at the complaints record and found complaints had been recorded, investigated and responded to in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People told us the home was well managed and described the management of the home as open and friendly. A visitor told us, "The manager and deputy managers are lovely; the home is very well managed. They talk to you and make sure everything is ok."

Relatives and staff told us the managers were visible within the home. The managers were knowledgeable about the care and support needs of all the people living at the home. We observed people had no hesitation approaching the managers to say hello, or request assistance. The managers conducted a 'walk around' every day, and explained they used the 'walk around' to observe staff practice and to check the environment.

The home had a registered manager who was on leave from the home, the home manager was deputising in their absence. The manager and care manages understood their roles and responsibilities and what was expected of them. The ratings from the last inspection were displayed in the entrance hall and a copy of our last report was available for visitors to read. Statutory notifications had been sent to us as required and the Provider Information Return (PIR) which they were required to send to us; had been completed and returned. We found the information in the PIR was an accurate assessment of how the service operated.

There was good management and leadership within the home. Staff told us they enjoyed working in the home and felt well supported by the managers and the team leaders. One staff member described it as "lovely" and when asked why responded, "The customers, the staff and the management. If you have a problem you can go and speak to them about it." Other staff told us, "We are all like one team," and, "It is lovely. It is well organised," "I enjoy it. I like the idea of helping people. I like the atmosphere and we work well as a team."

Staff told us there was good team work, and support, with comments such as "I think the management are lovely and really supportive. They are always here for extra support. Management will come and give us a hand when needed." All staff we spoke said they would be able to raise any concerns with the managers. Staff said their concerns would be taken seriously and responded to.

Staff told us they received supervision and observations of their practice. They said their performance was monitored against a set of objectives to assess their personal development. One staff member told us they would be happy to go to their supervisor at any time if they had problems. They said, "The team leaders check what you are doing and talk to you about it in your one to one. They will tell you any areas you need to improve and you can tell them any concerns you have about your job." Another told us they had supervision "Every three months," and "I get a chance to talk about how I'm feeling. They sit and they listen and if I have any issues, they are sorted straightaway."

Staff said, they had other opportunities to share their views and opinions at the monthly staff meeting. We were told, "Everybody gets to have their say and you get the minutes if you weren't able to go." Another said, "We have team meetings once a month. They give us all a chance to vent if we think there are things

that need to be changed. At one point we had the daily records all in one big book. We suggested it should be split into two and they did that straightaway."

Managers and staff said the organisation was good to work for and provided additional support if needed. The organisation had an employee of the month scheme for staff. Staff, relatives and visitors could nominate staff members for this award. The winner received a voucher, a thank you card and their picture was displayed in the reception area. The PIR, completed by the manager, also told us the organisation recognised the length of staff service with an award, vouchers and flowers.

The home was part of the Dementia inspires project and had achieved an accreditation in this. This is where people who use the service are asked what they would like in or outside the home. People had said they would like more pictures and items in corridors. We saw pictures were displayed along corridor walls and pockets put up with various items for people to touch. They had also wanted to go to the beach and have fish and chips, and an outside area now accommodated their wishes. The managers also decided to make the bedroom doors more personalised and each bedroom door now had something meaningful to the person displayed. As a result of this project the home provided a more dementia friendly environment for people. The home was also holding an 'Elf Day' to raise funds for the Alzheimer's Society.

There were relative meetings arranged so they could talk about the service and raise any issues. We saw minutes of meetings contained a question and answer session. One relative had raised staffing levels at weekends as they thought there were less staff than in the week. The manager had advised care staff ratios were the same at weekends as in the week.

We saw the home had a 'You said-We did' board and the manager responded to peoples requests. For example, people had asked for background music in the lounge/dining room. There was music playing in the lounges and in the dining room at lunch time. Another relative had said their family member liked to do things with their hands, and we saw a 'locks and latches' board in the lounge for them to use.

The provider and managers used a range of quality checks to make sure the service was meeting people's needs. These included checks to ensure staff reviewed care plans and kept up-to-date records of care. Medication records were audited to make sure people had received their prescribed medicines. Accidents and incidents were recorded and monitored for trends or patterns. The manager had identified a pattern with people's falls and had altered the deployment of team leaders so people received more supervision. Since implementing this, the number of falls for people had reduced. Following our initial feedback at the end of our visit the manager sent an action plan that showed the minor concerns we had identified with infection control measures and care plans, had been reviewed and improvements put in place. This showed the managers were pro-active in making improvements to the service to ensure people continued to receive good, effective and safe care.

The provider had additional systems in place to monitor the quality of service people received. The organisation completed additional audits on incidents and accidents records, complaints and quality leadership. These audits were completed to make sure people received good quality care that protected them from potential risk.

The registered manager worked in partnership with other professionals to ensure people received appropriate care and support. This included social workers, G.P, mental health team, the district nurse team and the local authority contracts team.