Wellburn Care Homes Limited

Garden House

Inspection report

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Date of inspection visit: 11 and 12 November 2014
Date of publication: 22/01/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 11 and 12 November 2014 and was unannounced. A previous inspection, undertaken on 9 December 2013, found there were no breaches of legal requirements.

Garden House is registered to provide accommodation for up to 36 people. At the time of the inspection there were 32 older people using the service, some of whom were living with dementia.

The home has not had a manager registered since June 2014. Our records showed the current deputy manager had made a formal application to become the registered manager of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they were safe living at the home and felt the staff treated them well and respected their rights. The

Summary of findings

provider had policies and procedures designed to protect people from harm or abuse and staff understood safeguarding issues and demonstrated they could recognise potential abuse. They told us they would report any concerns to the deputy manager or the local safeguarding adult's team. Staff were also aware of the registered provider's whistleblowing policy and told us they would immediately raise any concerns they had about care. The premises were effectively maintained and fire systems and other safety checks carried out on a regular basis.

The deputy manager had a system to review people's needs and this information was used to determine appropriate staffing levels. Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. We found some minor issues with the safe administration of medicines. We raised these with the deputy manager who said she would immediately look to address the areas we highlighted.

People told us they were happy with the standard and range of food and drink provided at the home. They said the meals were good and they could request alternatives to the planned menu. Kitchen staff demonstrated knowledge of people's individual dietary requirements.

The provider was in the process of developing the environment to better support people living with dementia. They were changing the decoration to make it visually simpler, to aid people's movement around the home. The deputy manager told us they were hoping to get further ideas when a dementia expert visited the home in the near future.

People told us they felt the staff had the right skills and experience to look after them. Staff confirmed that they had access to a range of training and updating. Staff told us, and records confirmed that regular supervision took place and that they received annual appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff understood the concept of acting in people's best interests and the need to ensure people made decisions about their care wherever possible. We saw assessments and best interest meetings had taken place, where appropriate. The deputy manager confirmed she had been in discussion with the local authority safeguarding adults team and instigated a process to make formal applications for those people who met the threshold for DoLS, in line with the Mental Capacity Act (2005).

People told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with ready access to general practitioners, dentists and district nurses. People said they were treated with respect and staff where able to explain how they maintained people's dignity during the provision of personal care.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care, as necessary. A range of activities were offered for people to participate in and we saw photographs of past events at the home. People and relatives told us they would speak to the deputy manager if they wished to raise a complaint. We saw complaints were dealt with by the deputy manager using an appropriate process or approach.

The deputy undertook regular checks on people's care and the environment of the home. The regional manager confirmed that she also carried out regular audits at the home Staff felt well supported and were positive about the deputy manager's application to become the registered manager. There were regular meetings with staff and people who used the service or their relatives, to allow them to comment on the running of the home.

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?

Requires Improvement

The service was safe.

People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues and recognising potential abuse. Staff told us they would report any concerns they had to the deputy manager or the local safeguarding adults team.

Risk assessments had been undertaken in relations to people's individual needs and the wider environment. Care plans reflected people's particular needs and were regularly reviewed. We found some minor issues regarding the safety of medicines and have recommended the provider reference national guidance.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. The deputy manager ensured staffing levels were maintained at a level that effectively met people's care needs.

Is the service effective?

Good

The service was effective.

People said staff had the right skills to support them.

Staff told us and records confirmed a range of training had been provided training and staff received regular supervision and annual appraisals.

There was evidence that assessments had been undertaken in line with the Mental Capacity Act (2005) to determine if care or treatment was being provided in people's best interests. The deputy manager has instigated a process to make applications to the local safeguarding adults team if people had their freedom restricted under the Deprivation of Liberty Safeguards.

People told us food and drink at the home was plentiful and of good quality. Staff were aware of people's special dietary requirements and advice was sought from specialist practitioners when required.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff. We observed staff supporting people appropriately and recognising them as individuals.

People's wellbeing was effectively monitored. They had access to a range of health and social care professionals for health assessments and checks.

Summary of findings

Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

There were a range of activities for people to participate in and people had choice to participate or not. The deputy manager was looking to develop more activities to support people living with dementia.

Complaints were logged and dealt with using a proper complaints process. People were aware about how to raise any complaints or concerns..

Is the service well-led?

Good

The service was well led.

The deputy manager and regional manager undertook a range of checks to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from the deputy manager and talked confidently about how staff worked as a team.

There were meetings with people who used the service and their relatives and questionnaires had been used to gain people's views. The home engaged with the local community through involvement in a number of projects.

Garden House

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 12 November 2014 and was unannounced.

The inspection team consisted of an inspector and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. They had no comments to make on the running of the home.

We spoke with six people who used the service to obtain their views on the care and support they received. We also spoke with three relatives and one friend, who were visiting the home on the day of our inspection. We talked with the deputy manager, the regional manager, a team leader, two care workers, the assistant cook, and a member of the housekeeping team. Additionally, we conducted a telephone interview with a local district nurse who visited the home on a regular basis.

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 observed care and support being delivered in communal areas and people's individual accommodation, We reviewed a range of documents and records including; five care records for people who used the service, 11 medicine administration records, five records of people employed at the home, duty rotas, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I feel safe with the staff. They never shout or anything. A person who spoke with our ExE said about the staff, "They are all nice people and very friendly." A relative told our ExE, "The staff are very caring. They are so genuine in their concern for people who live here." We observed staff dealt with hoisting people in a safe and acceptable way and that two care staff were always in attendance during hoisting and transferring people to and from chairs. Our ExE saw staff were available in lounges on most occasions and during our observations we did not record long periods when the lounge areas were left unattended.

We asked staff members if they had undertaken training on safeguarding and protecting people from abuse. Staff confirmed they had undertaken training and it was regularly up dated. The staff were confident in their answers about recognising the signs of potential abuse and that they would report any concerns to the manager or regional manager. Staff were also aware of the local adults safeguarding team and told us that, if necessary, they would speak to someone outside the company to highlight any concerns. The manager kept a log of any safeguarding incidents or matters and copies of notifications made to the local authority and the CQC.

We saw the provider had a whistleblowing policy in place and notice boards had details of how staff could raise concerns about the delivery of care. All staff told us they could speak to a range of people within the organisation if they had any anxieties about the safety of people living at the home. The manager told us there had been no recent whistleblowing incidents. Staff demonstrated they had the knowledge and understanding to take action if they were concerned about the safety of people living at the home.

The provider had a document indicating the support required to assist people in the event of a fire or other emergency. Although it detailed people's mobility and the number of care staff required to assist them, the information lacked specific detail, in terms of whether people's disorientation to place and time could be a factor when trying to move them to safety. People's individual care plans indicated staff assessed and monitored risks. We saw there was regular assessment and evaluation of people's nutritional intake through the use of the Malnutrition Universal Screening Tool (MUST). People's MUST scores were reviewed and logged on a monthly basis and, where there were concerns, such as a loss of weight, action was taken, by referring the person to their general practitioner for an assessment. People's risk of falls was regularly assessed and action taken if there were concerns. We saw one person had a sensor mat placed by their bed to alert staff they were getting up during the night. People's skin integrity and risk of developing pressure damage was also reviewed and risk assessed. This indicated risks to individuals living at the home were monitored and recorded and action taken to minimise or address hazards that may affect their safety or health.

We saw the premises were well maintained and clean and tidy. The deputy manager told us she carried out a range of checks on the environment of the building. We observed the weekly fire systems test being undertaken and other checks on the premises such as gas and electrical system checks were also undertaken within prescribed time scales. We also saw equipment was regularly checked to ensure it was safe to use. This meant appropriate systems were followed to ensure the safety of the premises and ensure on-going repairs and maintenance was up to date.

The deputy manager maintained a record of accidents and incidents occurring at the home. We saw that as part of the recording process a review of each individual incident was undertaken. For example, one person, who had a number of falls over a short period of time had checks undertaken to ensure they had no infections or other health problem. The deputy manager also analysed falls more generally to check if there were a higher number of falls at certain times of the day, or one person was having a significant number of accidents.

The deputy manager told us there were 37 staff employed at the home, including care staff, housekeeping and kitchen staff. She said each shift consisted of a team leader, in charge of the shift, and four care workers. Staff told us they felt there were enough staff at the home to deliver care. One team leader told us, "Yes I think there are enough staff. It may not always seem like it but I think there are plenty of us." Staff said sickness and absences were covered by staff undertaking extra shifts or extended hours and there was little or no use of agency staff. One person told us, "There are certainly enough staff to look after me. They are getting staff in all the time." One relative told us, "It may be helpful for people to have a key worker, but I can't fault the care, overall it is good."

Requires Improvement

Is the service safe?

The deputy manager showed us the documentation used to determine staffing and dependency levels at the home. She told us people's care needs were regularly reviewed and broken down to identify if they needed low, high, critical or exceptional care. She told us each category was given an indicative number of staffing hours, which in turn led to a suggested required number of staff. We saw in previous weeks actual staffing hours at the home had been greater than those suggested by the tool. This meant the deputy manager was able to determine effective levels of staff were available to meet the needs of people at the home.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made and notes from a formal interview process. Two references had been taken up, with one from the staff member's previous employer, and Disclosure and Barring Service (DBS) checks had been made. The deputy manager told us that if an issue was highlighted on a DBS then this would be looked at and risk assessed The provider had a recognised policy and procedure for dealing with any disciplinary issues at the home. The deputy manager told us there were no current disciplinary matters in progress.

We observed team leader staff dealing with people's medicines. We saw people were given their medicine appropriately; with time given for them to take their tablets and a drink given to help them swallow the dose. However, we noted on three occasions that staff left medicines on top of the medicine trolley, whilst they were assisting a person; although the medicines were in sealed dispensing cards. This meant medicines were not always kept safe when they were being administered. We spoke with the deputy manager about this. The deputy manager told us it was not the usual practice at the home.

We examined the Medicine Administration Record (MAR) sheets and found there were no gaps in the recording of medicines. We found 11 MAR sheets were not fixed securely into the folder. This meant they could fall out of the file and possibly result in some medicines not being given. We noted a number of people were prescribed "as required" medicines which are those given only when needed, such as for pain relief. We found there were no care plans in place detailing when these medicines should to given and the permitted amounts. This meant there were no specific care plans or instructions in place to indicate the maximum dose that could be given, or action to take if the medicines were not effective or too much was accidentally given. We spoke with the deputy manager about this who told us this would be addressed straight away.

We saw one person had been prescribed a special injection, to be given if they had a reaction to certain food stuffs or other items. There was a protocol in place that staff should contact the ambulance service, if the person had a reaction. We saw this had occurred once in the last six months and the matter had been dealt with appropriately.

We recommend the provider considers the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes.

Good

Is the service effective?

Our findings

People told us they felt staff who supported them had the right skills to provide their care. One person told our ExE, "The staff look after us all very well here. They are all nice and friendly." Staff told us they had access to training, although a number highlighted this currently relied heavily on the use of instructive DVDs. However, one staff member told us, "There is lots of training. We always seem to be doing training at the moment." The deputy manager and a number of the staff told us the home was to be visited by a dementia care expert in the near future, to give them training and practical advice about supporting people living with dementia.

The deputy manager showed us a copy of the training matrix she maintained to ensure staff had up to date training and plans could be made for future training needs. We saw that when training was due for renewal, this was highlighted on the training matrix. We noted regular training was offered in areas such as; infection control, safeguarding, equality and diversity and nutrition. Staff files contained copies of certificates confirming the successful completion of courses. One staff member told us about a course on dementia they had attended. They said, "It made you think about what it is to be confused. Made you think what people would be feeling." Staff told us they had undertaken training on the safe handling of medicines and the deputy manager assessed their competency every six months. We saw copies of certificates in staff files confirming this. This indicated staff had access to a range of training and development opportunities to help maintain their skills.

Staff who had recently been employed at the home told us they had undertaken an induction programme. We saw copies of an induction booklet, recently introduced by the registered provider across all their homes which covered a range of key areas, such as fire safety, medicines and health and safety issues. Staff and managers had signed to confirm training or instruction had been completed on each key area. This meant the deputy manager was able to demonstrate staff's skills and knowledge was updated and reviewed.

Staff told us they had regular supervision and annual appraisals. They told us senior staff, along with the deputy manager would carry out supervision every two or three months, but annual appraisals were carried out by the deputy manager. We saw copies of supervision documents and appraisal records in staff personal files. A range of issues had been discussed, including future training needs and career progression. This meant proper arrangements were in place to ensure staff had access to regular supervision and ensure their work was reviewed in relation to delivering appropriate care.

Information contained in people's care plans indicated some consideration had been given to their mental capacity and their right and ability to make their own choices, under the Mental Capacity Act (2005) (MCA). We saw some care plans indicated where people were able to make every day decisions, about the clothes they wore and the food they would like to eat. One care plan stated "Is able to express her wishes most days." We found three people had "Do not attempt cardio pulmonary resuscitation" (DNACPR) forms in the front of their files which had been signed by the person's general practitioner. Two of the care plans indicated there had been discussion with a person's relatives, to help determine if this was in the person's best interests and whether it reflected the views of the individual expressed previously.

The deputy manager told us about how a consultant had spoken with a person concerning a matter, despite their capacity to understand complex situations fluctuating. She told us the person's family, care manager and general practitioner had been involved in deciding if the operation was in the person's best interest.

Staff told us they had undertaken training in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom Staff were aware of the concept of best interest decisions and talked about ensuring people could make as many decisions as possible. They understood about assessing people's ability to make decisions and for them to be involved in their care as much as possible. A staff member told us, "It is all about supporting people to make as many choices for themselves as they can."

The deputy manager told us she had carried out an assessment of all the people who lived at the home and had been in discussion with the local safeguarding adults team regarding DoLS. She told us she was submitting two DoLS applications a week, for formal approval. We noted some people's rooms were locked, although staff were

Good

Is the service effective?

available to let people into their rooms if necessary. We spoke with the deputy manager about this. She told us this was instigated to help protect people's property and the issue would be addressed as part of each individual DoLS application, where appropriate.

We saw that, were possible, people were encouraged to give their personal consent and agreement to care being delivered. Staff told us they would always ask people if they were happy with the care they were providing, or seek their permission before doing anything, whatever the individual's capacity to understand. One staff member told us, "You get them involved and give them as much independence as you can."

People told us they enjoyed the food and they had enough to drink and eat. Comments included, "The lunches here are very nice" and "Lunch was lovely. You get what you like." One relative told us, "She really enjoys the food. She is always ready to eat." People's care plans contained specific information in relation to their nutritional needs, including their likes, dislikes and any special dietary requirements; such as people requiring a diabetic, soft or pureed diet.

We observed meal times and saw the food was hot and appetising. Pureed meals were well presented with individual items identifiable and the meal contained both meat and vegetables. Where necessary, people were encouraged to eat or were supported if they could not immediately help themselves. Specialist equipment, such as specially designed plates and bowls were available, to allow people to maintain their independence at meal times. Between meals we saw people had regular access to drinks and snacks. A trolley with tea, coffee, juice and other drinks was brought round during the morning and at mid-afternoon.

We saw from people's care plans their weight and appetite was regularly checked and monitored. Where there was any concern about people's nutritional intake there was evidence this was brought to the attention of the general practitioner or district nurse. We spoke with kitchen staff who showed us how they held details of people's likes, dislikes and particular dietary requirements. We saw some people were identified as not liking cheese or chocolate and another person required a vegetarian diet. We found a good supply of fresh, frozen and dry goods at the home. This meant people's specific dietary needs were catered for and staff monitored people had adequate food and drinks available to them.

There were some elements of the home environment designed to support people living with dementia, such as the use of signage on bathrooms and toilet areas and plain flooring to aid mobility and avoid confusion over floor levels. The deputy manager told us they were currently developing the environment to make it more accessible to support people living with dementia. They had installed red toilet seats, to make it easier for people to see and recognise these items.

She also told us they were reviewing the type of seating and flooring in use, to improve accessibility around the home. She hoped to get further ideas and advice from a specialist adviser, who was visiting to provide training in the next few weeks. This indicated the registered provider maintained the home to an adequate and safe standard and was looking to develop the environment to meet people's particular needs.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care provided. Comments from people about their care included," All is okay. I have no complaints. I am quite happy here"; "I like it here" and "I like it very much. This is my home now. It is my second time here; I've come back and it is alright." Relatives of people who used the service told our ExE, "I have no complaints. The staff are excellent; I give them 100% for caring. This home is excellent" and "I looked at a few places before I chose this place. I am so glad I chose here. The girls are good with people with dementia. The staff are so patient; they just talk to them and make them feel at home."

We spent time observing how staff interacted with and treated people who used the service. We saw people were treated appropriately, patiently and individually. For example, we saw a care worker came to speak to one person who was hard of hearing. We saw they sat close to the person, made sure they were in line of sight and talked clearly, but without shouting. We saw that when offering drinks to people staff gave them a choice and encouraged them to make a decision, whatever their ability. We witnessed housekeeping and other staff speaking positively to people and assisting them, if they were unsure where to go or what to do. Our ExE commented, "I noted that all staff addressed residents in a friendly manner and by their first names."

Staff told us how priests and other people from the local church visited weekly and provided people with communion. Staff took time to speak with people. We saw housekeeping staff speak with people as they were walking about the home and care workers sat talking to people in the lounge areas. Staff told us they encouraged people to make choices and to be as involved in their care as possible, to suit their individual needs. One staff member told us, "I like to find out about people; find out about their background. Find out where they used to go, what they used to do when they were younger, what music they like. We have one lady who used to teach Scottish country music." This suggested people's diverse needs were recognised and addressed.

We saw people who were independently mobile were free to move around the home. Whilst the majority of people sat in the main lounge area there were other quiet corners for people to sit. We also noted a number of people returned to their rooms where they sat reading, watching television or rested on their beds listening to the radio. People told us they could choose what to do. One person told us, "I can have a whisky now and again and that is good." This showed people were able to make personal choices about how they spent their day.

We saw people's wellbeing was monitored and maintained. People's care plans indicated they had access to general practitioners, opticians, dentists and other health professionals, when they required them. We saw in one person's care plan they had been noted to be losing weight. We saw the issue had been discussed with the general practitioner and a referral made to the local dietetics department.

The deputy manager told us no one at the home currently used or accessed an advocate or advocacy service, although this would be arranged if they required such a service. Information about accessing an advocate was contained in the service user handbook, along with the contact details of three advocacy organisations. This indicated people's health and wellbeing was monitored and action taken to address any issues that arose.

People told us staff treated them with respect. One person told us, "They are always good to me; they are young girls but very respectful." A friend of a person who lived at the home, who was visiting on the day of our inspection, told our ExE, "The staff are very caring. They are so genuine in their concern for the people who live here." We saw it was recorded in people's care plans if they preferred male or female care workers to assist them with their personal care.

Staff explained how they helped maintain people's dignity when they required care. They talked about ensuring doors were closed when delivering personal care and ensuring people could make choices, however small. Staff told us, "You speak to people in private. You don't discuss personal stuff in public; you take them to their own room" and "You give them as much dignity as you can. It's about how you would want your relative to be treated." This meant staff understood about maintaining people's dignity and applied the concepts when they delivered care.

Good

Is the service responsive?

Our findings

With the exception of one relative, all the people we spoke with told us they felt involved in their care or the care of their relative. Comments from people who used the home included, "They talk to me about things" and "Oh yes, I am involved; they are always asking me things." One relative told us, "They keep me involved; let me know if anything is not quite right or needs doing." However, one relative told us, "No one has really sat down with me and said what he really needs." The deputy manager was aware of the one relative's concerns and was looking to address them.

We saw people had individual care plans in place to ensure staff had information to help them maintain their health, well- being and individuality. Care plans involved a range of assessments covering such areas as; their mobility, their nutritional needs, their personal care needs, communication issues and any identified health issues. We saw a preadmission assessment had been undertaken, prior to people coming to live at the home, to ensure their needs could be met. Care plans contained details of people's personal history, their backgrounds, family, previous jobs and interests. People's personal likes or dislikes were highlighted. For example, we saw in one person's care plan that they preferred to be in smaller groups and enjoyed reading a daily newspaper.

We observed staff supporting people during the day and offering them choice, whether this was a choice of meal, a choice of drinks or the opportunity to join in with an activity. We witnessed one exchange where a care worker approached a person and said, "Would you like a tea or coffee? It's up to you. You decide; I have both." They then waited patiently while the person made a decision. The deputy manager told us they were trying to move to a person centred care model and all staff would be attending specific training about person centred care.

People's care plans were revised on a monthly basis and their needs reviewed. We saw where their needs changed then the care plan was up dated to reflect these changes. For example, we saw one person had suffered a number of falls and so had been provided with a special bed that could be raised or lowered. The care plan indicated the bed should be maintained at a low level, to limit the possibility of any falls when getting up. We checked the person's room and saw the bed was in the low position. We saw each care file contained a hospital passport. This was a document detailing people's past health and medical history and contained an up to date list of their current medicines. We saw the passport also contained details or people's personal needs, including how they liked to be communicated with and any particular personal choices. This meant information about people's individual needs was readily available and up dated.

People told us there were a range of activities available at the home. One person told us, "There is something to do, if you want." The deputy manager told us activities at the home were arranged by one of the care staff, who also had set hours to arrange and support activities. Staff told us activities included musical entertainers and dancers, craft activities such as flower arranging, trips out and the "Zoolab" – when exotic pets are brought in for people to handle. We saw photographs of these actives including people handling snakes, spiders and lizards. On the second day of our inspection a lady from the pets as therapy (PAT) was visiting the home. We saw her take her dog around for people to pet and talk to. We saw how one person, who had become distressed and upset, was encouraged to stroke the dog. The person sat down and, through stroking the dog, became calmer and began to speak about how they had had a dog when younger. Two relatives told us that, whilst there were activities it would be good to have more aimed at male residents' interests. We spoke with the deputy manager about activities specifically designed to support people living with dementia. She told us they would be discussing this with the special adviser. This suggested the registered provider was looking to provide a range of activity opportunities for people at the home, to avoid social isolation and stimulate interests.

People and their relatives told us they had few complaints about the service, but would speak to the deputy manager if they had any concerns. One relative told us, "I've never made a formal complaint, I've just raised concerns and they have been dealt with." We noted a copy of the home's complaints procedure was displayed on the main noticeboard and details of how to complain were included in the care agreement and the service user hand book.

We looked at the home's complaints records. We saw there had been four complaints during 2014 where the nature of the complaint had been recorded and the deputy manager had investigated the issues raised. We saw three of the complaints had been dealt with informally and resolved almost immediately. People or relatives had signed a form

Good

Is the service responsive?

to say the matter had been resolved and they were happy with the outcome. With more formal complaints a letter was sent to people detailing the nature of the investigation, the outcome and any action taken. We noted there had been one recent written compliment sent to the home where the person highlighted their relative had enjoyed a recent respite stay at the home. They wrote, “She loved it and called it an adventure like being on a cruise.” This meant people were aware of how they could complain and a process was followed to ensure complaints and compliments were dealt with appropriately.

Good

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in place. Our records showed there had been no registered manager formally recorded with the CQC since June 2014. The deputy manager of the home told us she was in the process of applying to become the registered manager and our records confirmed this application was being dealt with by our registrations team. The deputy manager and the regional manager were both present during the inspection.

The deputy manager told us she carried out a range of checks and audits on care delivery including audits on medicines, health and safety, the kitchen environment, domestic services and falls. She told us that from the audit of falls she had identified a number of people were falling in the lift area. She had identified this was because people left the dining area together and were left waiting for the lift. As a result she had now staggered the timing of when people left the dining room and this had reduced the number of falls.

The deputy manager told us she was required to complete a weekly manager's report that was forwarded to the provider's main office for review. We saw the need for new chairs in the lounge area, because the arms and backs had become soiled with use was included in one of these reports. The regional manager told us funding had been agreed and replacement chairs were being ordered. There was also a weekly operations report where the deputy manager reported on complaints or compliments, safeguarding issues, disciplinary matters and estate issues.

The regional manager told us she undertook regular checks on the home to ensure the manager was carrying out audits and reviews. She showed us the report was structured in line with the CQC headline questions of "Is it safe?"; "Is it responsive?"

Staff confirmed a range of meetings took place with various staff groups in the home. The deputy manager told us there were monthly meeting with team leaders and bimonthly wider staff meetings. We saw copies of minutes from these meetings and noted a range of issues were discussed. Staff told us they were able to express their views in these meetings and they felt the deputy manager listened to any points they raised.

Staff told us they were happy working at the home and felt the atmosphere was positive and told us they were committed to supporting people and enjoyed working at the home. Staff comments included, "I get pleasure from making someone's life nice and making their day feel good" and "I love working here; I get real enjoyment from it. I would do anything to help." They said that after a period of instability they were pleased the deputy manager was applying to be the registered manager. They felt there was good leadership and support at the home.

Comments from staff included, "I think it is a happy atmosphere to work in and all the staff get on fine. If you have an issue (deputy manager) is approachable"; "We are well supported by (deputy manager). She has been here a while and has always been quite good"; "She is fair. If I've got a problem about anything at all I can speak to her about it. I'm chuffed she got the job"; "She can put her foot down, but she will take you to one side. She is a really good manager" and "She is great. Absolutely supportive. She will help you any way she can. She is on the floor as much as in the office." We witnessed the deputy manager supporting care workers during the lunchtime and tea time periods and walking around the home checking people were settled.

People and their relatives told us the atmosphere at the home was good and the attitude of the staff was very positive. One person commented, "The girls are first class. I would recommend it here." A relative told us, "They are starting to get on top of things. The staff attitude is good. I like the staff and my (relative) does too."

The deputy manager told us there were meetings for relatives and residents and we saw copies of notes and agendas from these meetings. She acknowledged it was not always possible to achieve a good attendance at such meetings and so they tried to tie them in with social events at the home. She told us she was looking at alternative ways of engaging with people and their relatives, rather than just formal meetings. We observed the deputy manager spoke with several relatives who were visiting during our inspection, either just to enquire how things were or address issues. The deputy manager told our ExE, "We are open to new ideas which will improve the quality of life for folks living here." We spoke with a district nurse, who

Good

Is the service well-led?

told us she and her colleagues visited the home on a regular basis. She told us, "I feel that the home is very good. They are a really nice team and bend over backwards to help and support the residents."

We saw a copy of the results from a 2014 residents' questionnaire was displayed on the home main notice board. There had been eight respondents to the questionnaire. To the question, 'Do staff treat you with respect?'- six had responded "excellent" and two had responded "good". To the question, 'Do staff listen to your requests?'- three had responded "excellent" and four "good". This indicated the deputy manager and staff were empowering people by responding positively to their comments and needs.

The deputy manager told us about how the home was involved with the local community. She told us how they were part of a local group that supported a community garden close by and about the ties they had with local schools. She said the relationship between the school children and the people who lived at the home benefited both sides. Also that the home had taken part in the local seaside festival and run a stall as part of the event. This suggested there were local links which helped maintain the homes place in the local community.

We found records were up to date and complete. People's care records were regularly reviewed and updated along with food and fluid charts. Safety records, such a fire checks, gas safety and Lifting Operations Lifting Equipment Regulations (LOLER) checks on equipment were in place. Portable appliance testing (PAT) of small electrical equipment was up to date as were Legionella and water temperature checks.