

Four Seasons (Bamford) Limited

Wansbeck Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 28 August 2015 and was unannounced.

We carried out an inspection on 11 June 2014, where we found the provider was meeting all the regulations we inspected.

Wansbeck Care Home accommodates up to 40 older people, most of whom have dementia related conditions. There were 33 people living at the home at the time of the inspection.

The home was divided into four units which staff referred to as 'houses.' Staff explained that these were people's homes, not units. There were two 'houses' on the ground floor, Pine Tree and Sea View and a further two houses on the first floor, Meadow View and River Bank which was an all-male house.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People and relatives were complimentary about the home. One person said, "This is the best place there is." A relative said, "My mother prefers here to her own home. It is lovely here."

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

We spent time looking around the premises and saw that the building was generally clean and well maintained. There were no offensive odours in any of the areas we checked. We found the design and decoration of the premises met the needs of people who had dementia related conditions.

We checked medicines management. We noted that medicines administration records were completed accurately. A new room had been identified for the storage of medicines which was more suitable than the present storage arrangements.

Staff told us that training courses were available in safe working practices and which met the specific needs of people who lived there such as dementia care.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We found that the service had made a number of applications to the local authority to deprive people of their liberty in line with legislation and case law. There was evidence that "decision specific" mental capacity assessments had been completed and best interests decisions made.

People and relatives were complimentary about the meals at the home. We observed that staff supported people with their dietary requirements. Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff. Staff communicated well with people.

People and relatives told us that staff were exceptionally caring. We saw positive interactions between people and staff. Staff spoke with pride about the importance of ensuring people's needs were held at the forefront of everything they did. The dementia care champion, who wrote to us stated, "I hope you can see from this information how passionate I am and the staff are about helping and supporting all in our home receive the very best care."

We found that arrangements for people's social activities were innovative and meet their individual needs. People were supported and enabled to participate in meaningful activities such as baking, gardening and housework. There was a close working relationship with an activities charity.

Staff established positive relationships with families and supported people to maintain relationships when they moved to the home. Gourmet nights were organised for people and their relatives.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place. People and relatives were complimentary about the service.

A number of checks were carried out by the manager. These included checks on health and safety; care plans; the dining experience; infection control and medicines. Action was taken when concerns were highlighted during these checks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

The building was generally clean and well maintained. There were no strong offensive odours in any of the areas we checked.

We observed that staff carried out their duties in a calm unhurried manner on both days of our inspection. Safe recruitment procedures were followed.

Good



Is the service effective?

The service was effective.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there such as dementia care.

Records demonstrated that care and treatment was sought in line with the Mental Capacity Act 2005. We found the design and decoration of the premises met the needs of people who lived with dementia.

People and relatives were complimentary about meals at the home. Staff supported people with their nutritional needs.

Good



Is the service caring?

The service was caring.

People and relatives told us that staff were exceptionally caring. We saw positive interactions between people and staff. Staff spent time talking with people on a one to one basis.

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

Relatives told us, and our own observations confirmed that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors and spoke with people in a respectful manner.

Outstanding



Is the service responsive?

The service was responsive.

Relatives and people told us that staff were extremely responsive to people's needs.

We found that arrangements for people's social activities were innovative and meet people's individual needs. People were supported and enabled to participate in meaningful activities such as baking, gardening and housework.

Good



Summary of findings

Staff established positive relationships with people's families and supported people to maintain relationships when they moved to the home. Gourmet nights were organised for people and their relatives.

People were actively encouraged to give their views and raise concerns or complaints.

Is the service well-led?

The service was well-led.

There was a manager in post. People, staff and most relatives spoke positively about her. Staff said that morale had improved and they were now working together as an efficient and effective team who had the best interests of people at the forefront of everything they did.

A number of checks were carried out by the manager and provider's representative. These included checks on health and safety; care plans; the dining experience; infection control and medicines. Action was taken if deficits in any standards were found.

Good



Wansbeck Care Home

Detailed findings

Background to this inspection

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

The inspection team consisted of an inspector; a specialist advisor in dementia care; a CQC senior analyst and an expert by experience, who had experience of older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection took place on 28 August 2015 and was unannounced.

We spoke with 17 people and seven relatives. We conferred with a reviewing officer from the local NHS Trust, a local authority safeguarding officer and a local authority contracts officer.

We spoke with the regional manager; registered manager; deputy manager; five day care workers; housekeeper; maintenance man and cook. We read three people's care records and five staff files to check details of their training. We looked at a variety of records which related to the management of the service, such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

All people and relatives said that they considered that people were safe at the home and with the staff who worked there.

We checked an independent review website for care homes. 27 people and relatives had left comments about Wansbeck Care Home. 23 of the reviewers had rated safety of the services as 'excellent' and four as 'good.' One person had written, "I feel safe here and everyone has been great. They all deserve a medal for what they do for us." We spoke with this person during our inspection and he confirmed his review and told us that he felt safe.

There were safeguarding policies and procedures in place. We spoke with staff who were knowledgeable about what action they would take if abuse were suspected. We spoke with one relative who expressed dissatisfaction with the result of a safeguarding investigation which had been carried out by staff from the local NHS Trust. We passed this feedback to the local authority safeguarding adults team who told us that they would look into this issue.

We spent time looking around the premises. We saw that the building was generally clean and well maintained. Many people who lived at the service required assistance with continence care. We found that there were no strong odours in any of the communal areas or people's bedrooms.

A number of checks and tests were carried out to ensure the safety of the premises. The manager sent us a notification prior to our inspection to inform us that the fire brigade had been called after a radiator in a bedroom had set off the fire alarm. We noticed that this radiator had been

replaced. Following this incident, all the radiators had been checked by the provider's maintenance team and deemed safe. The manager told us that most of the radiators were due to be replaced because of their age and condition.

We checked the equipment at the home which included moving and handling hoists; scales; bed rails and wheelchairs. Regular tests were carried out to ensure all equipment was safe.

There were six staff on duty each day. The deputy manager also had an additional 5 ½ hours of supernumerary time to complete care plans, audits and other checks. We observed that people's needs were met and care and support was carried out in a calm unhurried manner. We therefore concluded that there were sufficient staff on duty to look after people.

Staff told us that the correct recruitment procedures were carried out before they started work. We saw that a Disclosure and Barring Service check had been obtained. In addition, two written references had been received.

Medicines were stored in rooms on both floors. The ground floor medicines room was very small. The manager had recognised that this room was not appropriate and had identified a larger more suitable room for the storage of medicines. We examined people's medicines administration records and saw that these were completely accurately. There was a system in place for the receipt and disposal of medicines.

Risk assessments and care plans were in place to assess people's mobility, nutritional needs, skin condition and behavioural challenges. We saw that these gave staff information on how they should manage a variety of risks.

Is the service effective?

Our findings

People and relatives told us that they considered that staff were trained and knew how to look after people. They also spoke positively about the staff themselves. Comments included, “The staff are smashing,” “They are champion” and “They are excellent.” We looked at comments on the care home review website. One relative had commented, “Warm, welcoming atmosphere, food is good, staff are knowledgeable and caring.”

Staff told us that training was available. The manager provided us with details of staff training. This included training in safe working practices such as moving and handling. Training had also been carried out to meet the specific needs of people who lived at the home, such as dementia care.

The manager provided evidence that staff received regular supervision. The regional manager provided her own supervision and support for the manager. All staff confirmed they received supervision individually. Annual appraisals were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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 that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty. The registered manager was sending DoLS applications to the local authority to authorise. This information was documented in people’s care plans. There had been a delay by the local authority to authorise these, because of the volume of applications they had received from providers throughout Northumberland.

People and relatives were positive about the meals. One person said, “The food is good. I have no complaints. There is always a choice on the menu.” A relative said, “My partner needs pureed food now. At first it was not great, but now it is well presented and I have tasted it and it is good. It looks better also.”

The dementia care champion told us about ‘The Friday Twist’ which she had introduced. She stated, “A lot of our residents have lost the ability to use a knife and fork but function independently with finger foods. When reviewing

the menu on a Friday I decided to buy some take away polystyrene fish and chip cartons, takeaway paper and now residents have the fish shop experience brought to them. As it is presented as a take away those residents who eat with their hands maintain effective independence without appearing different. To add to the twist we have also linked into a local ice cream man who visits every Friday, when the music sounds it triggers the memories for our residents and they associate this with the happy memories of ice cream cones, flakes and strawberry sauce rather than just a bowl of ice cream.”

Our observations confirmed what the dementia champion had told us. We saw that fish and chips were served out of fish and chip trays and paper. People enjoyed eating the meal with their fingers. The lunch time period was a little disjointed because all the meals were brought together. Staff informed us that normally those people who required assistance with eating and drinking were supported first. The manager and regional manager therefore assisted with the meals to ensure that the appropriate support was provided. After lunch, the ice cream van arrived and ice creams were brought in, much to the delight of people.

There were two ‘hydration stations’ where people could access drinks and snacks at any time. The dementia care champion stated, “Adequate fluid intake is crucial in maintaining health. Rather than residents needing to ask for juice or water we wanted to promote independence and make this readily available. A previous resident called [name] made a donation to our residents fund when she sadly passed. One of [name of person’s] life ambitions was always to have a beach bar. In discussion with her family we came up with the idea of using her donation to create our own beach bar and named it [name] in her honour.” We saw the upstairs bar being used throughout the day. Fresh fruit was also available on the bar.

We noted that people were supported to access healthcare services. We read that people attended GP appointments; consultant appointments; saw the community psychiatric nurse; dentist, optician and podiatrist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

We checked how the adaptation, design and decoration of the premises met people’s needs. The manager told us that many of the people who lived at the home had dementia related conditions.

Is the service effective?

The National Institute for Health and Care Excellence (NICE) states, "Health and social care managers should ensure that built environments are enabling and aid orientation." [NICE, Dementia - Supporting people with dementia and their carers in health and social care, November 2006:18]. We found that all of the premises were "enabling" and helped aid orientation.

The dementia champion told us, "It is well researched and proven that themed corridors can be beneficial for residents living with dementia. We decided that instead of staff making all of the decisions regards the themes to be used, the memories and life experiences of our residents needed to be incorporated into this and so the themed corridor project was born. Working closely with our residents and their families we decided that the basis of the theme in each corridor should be specific to memories that had brought happiness, laughter and a sense of

contentment to our residents throughout their lives. The outcome of the project was to actively engage everyone in the project and have displays that actively trigger happy memories. Those residents who aren't able to communicate this were not forgotten as the information was gathered during meetings and 1:1 sessions with individual family members."

We observed that the 'houses' had specific themes. Sea View had seaside scenes on the corridor walls, Meadow View was decorated with flowers and butterflies, Pine Tree had a musical theme and River Bank, which was the all-male house, was themed with cars and motorbikes. The wall paper in the dining areas was decorated with cups and plates. There was a room set out with a small kitchen and café style tables and chairs which was called 'Cupcake Café'. People were able to meet and have a coffee and a chat, as if they were in a café in the local community.



Is the service caring?

Our findings

People and relatives informed us that staff were caring. Comments included, "It is brilliant here; they have made me feel at home. They have given me something back which I lost when my mother died - that comfort and caring," "It is like family in here," "Staff are fantastic, they look after me." One relative told us, "I'll tell you what is outstanding. I went in the other day and there was a gentleman sat there with his feet on the brand new table, having a drink and watching Newcastle [United football match]. That's what makes a good home an outstanding home. Staff didn't come over and tell him to put his feet down, it's just like home."

We checked a national review website for care homes. 27 people and relatives had posted comments about Wansbeck Care Home. We noted that 23 of the 27 reviewers had rated the caring question as excellent. The other four had rated it as good. All of the comments were extremely positive. We read one review which stated "Wansbeck care home is like a home from home where the resident doesn't fit the requirements of the home but the home fits the needs of the resident. My aunt has been a resident here for almost eight years and has always been treated with respect and dignity, despite her failing mental and physical health. Communication and team work (including kitchen/cleaning staff) is evident, resulting with the best possible care for the residents (in this case my aunt)." We contacted this relative following our inspection to validate her review. She confirmed that the review she had posted on the website was an accurate reflection of her feelings about Wansbeck Care Home.

We spoke with a reviewing officer from the local NHS Trust. She told us, "Relatives are really happy with the care and use words like outstanding and over the moon to describe the home." She also explained, "I see staff sitting with people and rubbing their hands and giving them a cuddle if they get upset. [Name of staff] came with me when I was last in and explained to [name of person] who I was and what was happening."

A lot of feedback from people and relatives was about the homely atmosphere and family feel of the service. One person said, "It's brilliant here, just like one big happy

home." This was evident by our own observations. There was a large tree painted on one of the walls and photographs of the 'Wansbeck family' were displayed. These included people, relatives and staff.

One member of staff who was the dementia care champion took time to email us after the inspection to inform us what the home was doing to meet the needs of people with a dementia related condition. She stated, "As a care home we continuously strive to provide person centred care for every resident and achieve this by life story work, life experiences and personal preferences. But what do our residents know about us? Following discussion and meeting with staff I shared my idea of wanting our residents to know more about us as carers, our lives, our happy memories and staff agreed that they would be willing to do this. I created a family tree and this is used to share happy memories and life events not only of our residents but from our staff team. The residents and families take a huge interest in this and it proves to be an excellent conversation starter. I also created the Wansbeck staff family album so our residents got to know us as we know so much about them. This has produced a positive relationship between the staff, residents and their families. I decided that this process should be a two way communication."

We looked at the staff album during our visit. The album contained photographs of staff and information about them and their interests.

We observed positive interactions between staff and people throughout the inspection. We saw one member of staff hand in hand with a person who walked down the corridor. Another person was standing by the hydration station which had been designed to look like a bar. A member of staff said, "Where's the bar staff when you need them" to which they both laughed. We heard one person tell a care worker, "I love you." The care worker immediately responded by saying "And I love you" and gave her a hug. At lunch time there was an impromptu sing along with people and staff. Staff took time to check how people were. We heard one staff member chatting to people about their family members. He told one person that her daughter was planning to visit later that week with her dog, which cheered her up.

We noticed positive interactions not only between care workers and people, but also other members of the staff team. The administrator spoke and walked with people



Is the service caring?

and the maintenance man, domestic staff and kitchen staff all took time to interact with people, which people appreciated and enjoyed. One relative told us, “The staff are all lovely, they never forget you. I will hear a call behind me, they all make a point of speaking. The cook is lovely and will come up with milk shakes. It’s not just a job, it’s home from home.”

We visited one man whose physical and mental health had deteriorated. Staff explained that he was spending increasing amounts of time in his room in bed. He looked comfortable and well presented. We observed his bed was situated next to the window so he could look out at the field which was full of cows. A member of staff said, “We could see he was straining to see something and we presumed it was to look out of the window, so we turned his bed around so he didn’t have to strain and could look out of the window.”

Pets and animals were welcomed at the home. Several relatives arrived at the home with dogs during our inspection. People reacted positively to the dogs, stroking and speaking fondly to them. The manager explained that family pets were welcome and said that staff would support a person if they wanted to walk around the garden with their relative and dog.

Staff spoke with pride about the importance of ensuring people’s needs were held in the forefront of everything they did. The dementia care champion, who wrote to us stated, “I hope you can see from this information how passionate I am and the staff are about helping and supporting all in our home receive the very BEST care. I am very proud to work here and always try to promote my ethos of care to everyone. I recently received a ROCK award [Recognition of Care and Kindness] which was given to me for going the extra mile. I was overjoyed to receive this award, but the

best recognition I can ever get is the residents being happy and still enjoying life to the best of their ability... I know we always maintain a high standard of care but we always strive to push it higher.”

The regional manager told us and staff confirmed that six staff from Wansbeck Care Home had received a ROCK award. This was a special recognition award from the provider following feedback from people and relatives. We read some of the comments which had been made about the six staff members. These included, “[Name if staff member] has been a real support to me when I’m not feeling my best and he will give me time to talk about my feelings” and “[name of staff member] always ensures I have everything I need before going off shift. [Name of staff member] is a good example of what a carer should be” and “...My mum’s face lights up with a smile every time she sees [name of staff member X] coming, she knows [X] cares about her. [X] listens to [name of person Y] and is attentive... I have seen [X] reassure her with a friendly face; it’s a gift she has with all the residents. There are a number of carers at Wansbeck that deserve recognition but [X] stands out as going the extra mile and making a difference. She always shows compassion and empathy to all the residents, she speaks to all the residents with respect and dignity.”

People and relatives told us that they were involved in people’s care. ‘Residents and relatives’ meetings’ were held. We read one recent ‘residents’ meeting’ and noted that a trip to the beach was planned. One person was unable to go to the beach because of a deterioration in their physical condition so the manager asked for ideas about how the seaside and beach could be brought to the person. Regular reviews were held to discuss people’s care and surveys carried out. We read a completed relative’s questionnaire which stated that he was happy with the care provided and “I’m content that my wife is content.”

Is the service responsive?

Our findings

People and relatives told us that they considered that staff were responsive to their or their family member's needs. One person said, "We have the best staff because everyone enjoys everybody... We can do anything we want to do here." A relative said, "The staff are all so kind here. My husband has been violent sometimes but they know exactly what to do. They distract him and calm him down." Another stated, "It's 100% outstanding. She wasn't eating and they knew something was wrong. They got the doctor out and then the dentist; they didn't give up and she had an abscess. She's now a different person."

We checked a review website for care homes. Comments from people and relatives included, "My mother since living here is so much happier and physically healthier than she was when living at home with carers attending to her and her attending a day centre six days a week. The staff are all caring and attentive," "I feel that since my mam came to Wansbeck she has gained in confidence and a new lease of life. She is well looked after and is looking a lot better in herself and is always smiling now. Since my mum has been in Wansbeck I am now able to sleep at night knowing she is safe and well looked after. The management and the staff have been very helpful, in fact overall the whole team are outstanding" and "I was in hospital before I came to Wansbeck, the manager came to see me in hospital, I knew from meeting her that I would want to go and live at Wansbeck. The staff have made me feel so welcome and the manager brings my paper and lemonade in for me every day, even on the weekend when it is her time off. I am always asked if there is anything I want or if I would like to go out with the staff." We spoke with this person during our inspection and he confirmed his review on the website.

We spoke with a social worker, reviewing officer and continuing health care assessor. They raised no concerns about the home. We heard the manager ask the continuing health care assessor if he had managed to find all the information he required and he stated, "Everything was spot on." The reviewing officer said that staff were responsive to people's needs and staff contacted her in a timely manner if there were any concerns.

Care plans were in place which documented people's care needs. These were individualised and contained details of people's life histories. This gave information about people's background and their likes and dislikes which helped staff to provide more personalised care.

A key worker system was in place. A named care worker was assigned to each person to ensure that their needs were met. The manager told us that care was taken to match staff with people and ensure their interests matched. One person said, "I love, love, love it here. The staff go above and beyond; they can't do enough for you. Your wish is my command... I have a key worker who is fantastic." Another person said, "The service is so personal here, because they know me." This system helped ensure that staff were able to provide individualised person-centred care. A relative said, "They know the residents so well and that's why they can tell if something is wrong."

We found that arrangements for people's social activities were innovative and met people's individual needs. There was an activities coordinator employed to help meet the social needs of people who lived at the home. We read that people were supported to access the local community. Tea dances, visits to the pub and trips out to local villages and towns were organised. One relative told us, "She went to Newbiggin the other day and had a lovely day. They went to [name of ice cream parlour]. It's exactly what she used to do. No matter what dementia people have, they can take part and are included."

The dementia champion told us that some people were reluctant to go out. She said, "It became very apparent that we also had residents who expressed a fear of stepping onto a mini bus or venturing out on trips. We needed to address this and maintain a sense of the outdoors and activity for these residents whilst maintaining their comfort." She explained that they had concentrated on "Bringing a sense of the outdoors and community" inside through themed corridors, a beach bar and a sensory garden. Events were also organised such as seasonal fayres, barbecues, gardening and entertainment, which were all held in the home or gardens; "To allow residents the experience of being at an event, enjoy the outdoors but maintain a sense of security and safety in familiar

Is the service responsive?

surroundings and with staff that they know and recognise.” We observed evidence of these activities and events during our inspection and people confirmed that regular activities and events were organised.

The dementia care champion also stated, “Residents living with dementia are often thought to be unable to perform or continue with life skills. People become wary of allowing positive risk taking which would maintain social and life skill functioning which in turn can lead to a staid life, loss of function and loss of independence. At Wansbeck we recognised that this does occur within some care establishments and we made it our mission to promote the maintenance of life skills helping our residents to “live with dementia”, not just exist with dementia. Not everyone wants to play bingo and so in conjunction and discussion with residents and families we set about gathering information for our life story project. Residents actively participate in daily tasks supported by staff; this can be dusting, cleaning, washing dishes, setting tables and pairing up all of the odd socks that every home seems to accumulate. Our Garden Project was a fantastic success and involved the donation of the greenhouse from a previous family member. Our residents can now plant, look after and grow their own vegetables and fruit and we’ve been successful in producing tomatoes, strawberries and courgettes in our first year. In carrying out these activities, our residents’ day is filled with a sense of purpose, their input is valued and they are aware of this.”

We observed that people were occupied throughout our inspection in meaningful activities. They enjoyed visiting the Cup Cake Café, where they sat chatting with each other and staff. They assisted with washing up and baking. One person proudly showed us her cloth apron that she wore to indicate that she was “one of the workers.” We saw another person cuddling a soft toy. A staff member explained that looking after and cuddling the toy gave her comfort and reassurance. It was one person’s birthday on the day of our inspection. The chef had made a birthday cake for her to share with her friends and family. Staff attended, including the manager to sing Happy Birthday.

The dementia care champion told us, and relatives confirmed that staff recognised the importance of relatives and visitors to the wellbeing of people. In addition she said that staff offered support to relatives who may be struggling to cope with their family member’s diagnosis of a dementia related condition. She stated, “Although there

are external groups that families can attend such as the Alzheimer’s society it became very apparent that relatives shied away from these due to the unknown and did not wish to attend alone and so they went without the support they needed and struggled on alone. So we created our gourmet nights. The gourmet nights happen every quarter and staff give up their time to prepare a three course meal for relatives on an evening in a restaurant setting...The basis of the night is to provide our families with support from one another, the sharing of experiences, the difficulties and challenges and how they came to terms with these. Families of residents who are no longer with us and have sadly passed away return to these nights and offer their support to other relatives. These nights are a success as families receive the support they need in a setting which they are comfortable with and with people who are experiencing the same issues as themselves.”

Staff told us that the manager was integral to the success of the activities and events planned. One staff member said, “She has such a passion for the residents and anything they need for activities is never a problem. Cost is never an issue.”

The manager analysed accidents and incidents. She had noticed that the number of falls had increased and had instigated monthly falls meetings with staff to address this issue. We read the minutes from a meeting which was held in June 2015. Staff had recognised that there had been an increase in falls over tea time. As a result, the manager had increased domestic staffing hours to cover the tea time period which ensured care staff were available at all times and not involved with clearing away dishes. At the next meeting which was held in July 2015, the deputy manager had stated, “I have noticed that having the domestic stay that bit later has helped a lot.” These meetings demonstrated that responsive action was taken when concerns were identified to help reduce the number of falls.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place. People and relatives were complimentary about the service. One relative said, “I have no complaints about his care.” A person said, “I know how to complain, I would see the manager but there’s nothing.”

Surveys were carried out and we noted that the manager wrote to all the relatives to inform them of the results and actions she planned to implement in response to the feedback. She stated at the end of the letter, “Our aim at all

Is the service responsive?

times is continuous improvement to ensure the satisfaction of all our customers. The results of the survey will be discussed at the next residents'/relatives' meeting on 8 June 2015."

A new electronic monitoring system had been introduced. An iPad was situated in the reception area of the home. This was used to obtain feedback from people, relatives and visiting health professionals. The iPad had a

touch-screen questionnaire and space for additional comments. This information was transmitted in real time to the manager, regional manager and provider's representatives so they could quickly find and fix any care issues or consider any suggestions for improvements. Any negative comments were treated the same way as a formal complaint, so were investigated, actioned and followed up before being closed.

Is the service well-led?

Our findings

There was a registered manager in place who had been in post for nearly two years. People and most relatives spoke positively about her. Comments included, “The new manager has made a big difference to this place since she came,” “You could not have a better manager,” “There have been a lot of improvements. I am more than happy” “The manager is great, she gets things done,” “I can’t be grateful enough for what [name of manager] has done for the residents and us. She has a different ethos, it’s all for the residents” and “She seems to be a listener. I went to see her the other day and even though she was working, she stopped and listened. It gives you the opportunity to talk. She says, ‘I’m here is you have a problem.’ Yes, I know there’s always little blips, but all in all everything is very positive.” One relative however felt that her management of the home could be improved.

23 of the people and relatives who left reviews on the independent care homes website rated the management of the service as “excellent.” The other four rated it as good. Comments included, “The manager comes to see me every day to ask me if I need anything and if I am happy.”

We spoke with staff who told us that morale was good. They spoke honestly about their feelings regarding the management of the service. They said at the last inspection, there had been some “uncertainty” and “pockets of low morale” following the departure of the previous manager, who had been at the home for 14 years and a new manager who had taken over. One member of staff told us, “I was one of those staff that had reservations. I wasn’t sure that anyone could be as good as [name of previous manager], but I’ve now realised that [name of current registered manager] is brilliant. She is an outstanding manager, everything she does is for the residents,” “Things have settled down and I enjoy coming to work” and “Things are much better now, I’ve worked here for seven years. . . I can talk to this manager more openly and she understands if there’s any problems and sorts things out. I love working here.”

Staff were also positive about the regional manager. One staff member said, “She is the best regional manager we have had. We mention things like the cupboards and they’re done.” We noted that the regional manager checked all the systems, audits and checks. We looked at the incident recording system which the manager had printed off. We saw the regional manager had written beside each incident and accident what action had been taken and whether a CQC notification was required.

There were systems in place to communicate with staff across all operations. There was evidence of monthly staff meetings and all staff confirmed they had the opportunity to include items on the agenda. Additionally, ‘Flash’ meetings were held where the manager met with the head of each functional area, such as the nurse; cook; housekeeper and maintenance man. These meetings were held daily and any issues or concerns were discussed.

The manager carried out a number of audits and checks to monitor the quality of the care provided. These included checks on care plans, medicines, the dining experience and health and safety. Where deficits were identified, actions were taken.

Unannounced night time checks were carried out. These were carried out to make sure people were receiving appropriate care and support. We read the latest report which was carried out on 16 July 2015 at 1am, by two managers of other care homes owned by the provider. We read that both managers were impressed by the security checks which staff carried out before they let them in. The report stated, “Very well handled when we arrived, asked for ID and also was going to ring his manager!”

The manager also carried out “walk arounds” of the home each day and spoke with people and staff. These were recorded on the new iPad system. We saw that the manager completed her report honestly. We read a recent daily walkabout report, she stated that some of the staff were in the corner talking amongst themselves. In addition, one of the care files she checked was not up to date. We observed that staff communicated well with people during our inspection and the care files we checked were up to date.