Four Seasons (Bamford) Limited

St Helens Care Home

Inspection report

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Overall summary

This inspection took place on 27th 30th October 2014 and was unannounced.

St Helens Care Home provides care and accommodation for up to 43 people. The home specialises in the care of people who have mental health needs including a small separate 14 bed unit for older people living with dementia. On the day of our inspection there were a total of 37 people using the service.

The home had a registered manager in place. 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 and associated Regulations about how the service is run.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful manner. One person told us, "I feel safe living here. I have nothing to worry about anymore." One visitor said, "I have no concerns. My relative is settled here and they are safe, and happy."

Staff and visitors we spoke with described the management of the home as open and approachable. Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager on duty.

People had their physical and mental health needs monitored. There were regular reviews of people's health and the home responded to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

People said staff were 'reliable' and 'always helpful.' One visitor told us, "The staff were knowledgeable and always friendly. They keep me informed of anything that happens."

We saw people's care plans described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The provider told us the care plan format was currently under review, and being piloted in other locations. This is necessary as the current format style is cumbersome and makes important information difficult to locate.

We found the quality of care which people received in their last days was as important as the quality of life which they experienced prior to this. This meant their physical and emotional needs were met, their comfort and wellbeing attended to and their wishes were respected. The manager told us that for some younger people who used the service their thoughts, wishes and

Summary of findings

beliefs regarding this subject had not been routinely addressed with them. The manager said she would seek professional advice about how to address this sensitive subject.

Staff we spoke with staff they said they received appropriate training, good support and regular supervision. We saw records to support this.

Staff had received training in how to recognise and report abuse. We spoke with seven staff and all were clear about how to report any concerns. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout the day we saw staff interacting with people in a caring and professional way. We saw a member of staff supporting one person with their mobility. They were interacting happily and laughing together. We saw another member of staff offering to assist a person to go to the smoking room. The staff were gentle and encouraging and the person happily agreed to their support We noted that throughout the day when staff offered support to people they always respected their wishes.

People who were unable to verbally express their views appeared comfortable with the staff that supported them. We saw people smiling and happily engaging with staff when they were approached.

We saw on the dementia care unit there was a weekly activity programme and records showed an activity worker supported people to take part in activities on a one to one basis. In other parts of the home, people were more independent and activities were more personalised and we saw that people made suggestions about activities and outings at monthly meetings. Where necessary, additional staff were provided to enable people to access community facilities appropriate to their ages and abilities.

We saw some people were able to access the community facilities independently or with friends and family. Several people received additional one to one support (agreed with the placing authority) for their care and support needs.

People told us they were treated with respect and privacy was upheld.

People received a wholesome and balanced diet in pleasant surroundings and at times convenient to them.

We saw the provider had policies and procedures for dealing with medicines and these were adhered to.

The provider had an effective complaints procedure which people felt they were able to use.

We saw people who used the service were supported and protected by the provider's recruitment policy and practices.

The home was clean and well maintained, and equipment used was regularly serviced.

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People who lived at the home were safe because there were enough skilled and experienced staff to support them.

Staff we spoke with had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse.

There were risk management procedures in place to minimise restrictions on people's freedom, choice and control.

There were robust checks in place to make sure that staff were appropriately recruited.

People received their medicines in line with the provider's medication policies and procedures. All medicines were stored, administered and disposed of safely

The standard of cleanliness and hygiene protected people against the risk of infections.

Is the service effective?

Good

The service was effective. We found people received effective care and support to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People could see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

We found people's nutritional needs were fully met.

Is the service caring?

Good

The service was caring. We found the service was caring because people were supported by caring staff who respected their privacy and dignity.

Staff spoke with people and supported them in a caring, respectful and friendly manner.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

Is the service responsive?

Good

The service was responsive. We found the service to be responsive because people received care and support which was personalised to their wishes, preferences and responsive to their individual needs.

There was a weekly activity programme for people and an activity worker was employed to support people with their interests. People also had opportunities to take part in activities of their choice inside and outside the home.

Summary of findings

There was a complaints procedure that was written in a clear format that made it easily understandable to everyone who lived at the home. Everyone we spoke with said they would be comfortable to make a complaint and were confident any issues would be addressed.

Is the service well-led?

Good

The service was well led. The service was well led by an open and approachable management team who worked with other professionals to make sure people received the appropriate care and support that they needed.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. The provider had notified us of any incidents that occurred as required.

People had the opportunity and were able to comment on the service provided to influence service delivery.

St Helens 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 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 27&30 October 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector. The inspection also included a specialist advisor. This is a person who has professional experience of caring for someone who uses this type of care service. Their area of expertise is with people with mental health care needs.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding's raised and enquires received. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 18 November 2013.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people on the dementia care unit were supported during their lunch by using our Short Observational Framework for Inspection. We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether they had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed four people's care records, staff training records, and records relating to the management of the service such as audits, surveys and policies.

We spoke with fifteen people who used the service and three relatives of people who used the service. We also spoke with the registered manager, two nursing staff, five care workers, a house keeper and the Chef.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including social workers, healthwatch, commissioners, speech and language therapists, council monitoring team, the local DoLS team and psychiatric services. No concerns were raised by any of these professionals.

We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

Good

Is the service safe?

Our findings

People who lived at St Helens Care Home were safe because the home had arrangements in place to reduce the likelihood of risk from abuse and avoidable harm. People's feedback about the safety of the service described it as consistently good and that they felt safe.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. One person told us, "I feel safe living here. I have nothing to make me worry anymore." One visitor said, "I have no concerns. It makes such a difference knowing my relative is safe, secure and happy." This is important to me because this is the fifth placement for my relative during the last five years. I can now relax knowing the care here is good."

People were supported to take everyday risks. We saw that people moved freely around the home and the garden and were able to make choices about how and where they spent their time.

People identified at being of risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out.

We looked at one risk assessment for a person who wished to go out on their own. We saw the risk assessment had been reviewed and updated as the person became more confident and familiar with the local area. This showed the home worked with people to achieve their goals with minimum risk.

We saw individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected.

The provider also consulted with external healthcare professionals when completing risk assessments and behaviour plans for people. For example, with the challenging behaviour team and psychiatric community team. This was confirmed when we spoke with these professionals.

The risks of abuse to people were minimised because there were clear policies and procedures in place to protect people. The provider informed us that all staff undertook training in how to safeguard adults during their induction period and there were regular refresher training for all staff. This was confirmed when we checked the staff training records and when we spoke with seven staff.

During our inspection, we observed behaviour that challenged staff. One person became agitated because they were unhappy with the behaviour of another person during a game of bingo. Staff were calm and reassuring. The staff made sure that the person did not become more agitated and de-escalated the potential conflict by gently encouraging the person to move to a different area where the staff member stayed with them. One care worker said, "We seem to be able to spot people's behaviour before they become very upset or agitated."

The service managed incidents, accidents and safeguarding concerns promptly, and where required, investigations were thorough. We found there was a consistent approach to safeguarding and matters were always dealt with in an open, transparent and objective way. This meant the service had a proactive approach to respecting people's human rights and diversity and this reduced discrimination that may lead to psychological harm.

There were enough skilled and experienced staff that contributed to the safety of people who lived at the home. We saw people received care and support in a timely manner. A visiting relative said, "There are usually enough staff, there's always someone about if you want to discuss anything at all, I find all the staff to be friendly and approachable." One member of staff said, "We do have enough staff. We have a stable team and there's always training available. If we have someone admitted who had very specific needs the senior team make sure we have all the information and training we need." One health and social care professional told us, "There is always plenty of staff around when I visit. People seem to have lots of social activities available and frequent outings in the mini bus."

The manager told us that staff rotas were planned in advance according to people's support requirements. They told us that although they used staffing ratios to work out the number of staff on each shift, some people who used the service were provided with additional one to one funded support during the day and evening to meet their needs. The manager said there were always two nurses identified on the rotas so additional support could be provided. We were also told staffing levels were determined

Good

Is the service safe?

using a recognised 'dependency tool'. Individual dependency assessments were completed for each person and these were used to calculate staffing levels for each unit.

We saw one care record included a Do Not Attempt Resuscitation record (DNAR) and a family member informed us they had a Lasting Power of Attorney (LPA), and decisions were made in the person's best interests. The provider obtained evidence of any LPA, which ensured that the provider acted in accordance with legal guidelines and decisions were only made by those who had authority to do so.

We saw that the necessary recruitment and selection processes were in place. We looked at the files for two of the most recent staff to be employed and found that appropriate checks were undertaken before they had begun work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had been obtained, to ensure staff were suitable to work with people who used the service. The manager told us that the home had their own 'bank' of temporary staff who all worked regularly at the home. Other members of the team confirmed this when we spoke with them.

We saw all medicines, prescribed creams and ointments were recorded on the medication charts. We saw the staff monitored the temperature of the medication room to make sure medicines were stored at the right temperature. We saw there was a small fridge in which to store medicines which needed to be kept cool. We carried out a brief check of medicines held in stock against records and found these to be correct. We checked the medication administration records and found there were no gaps on this indicating people had been given their medicines appropriately. We saw a staff specimen signature list was kept, this meant if any errors were identified the manager could identify who had been responsible.Some medicines called controlled drugs, needed to be stored securely. We found the storage was secure and the records matched the stock levels.

Good

Is the service effective?

Our findings

People who lived at the home received effective care and support from well trained and well supported staff.

People who used the service told us staff were “brilliant and always supportive. “ One visitor told us, “The staff were good at spotting things and keeping them informed.” Staff we spoke with said they received good support and regular supervision sessions.

Another person we spoke with said, “The staff know what they were doing. I come here for regular respite care, if I hadn’t come here, I would have been goosed and this place has brought me on a hell of a lot.”

Another person said, “The home was top rated and much better than other places I have been to. The help I get is excellent.” A relative said, “My family and I are over the moon with the care provided for our relative.”

There was an induction programme and on-going training available to make sure all staff had the skills and knowledge to effectively meet people’s needs. When we spoke with staff they said they had completed an induction programme that had prepared them to do their job properly. They said they had opportunities to shadow more experienced staff until they felt confident in their role.

People who used the service were given appropriate information and they told us they were involved in making decisions about their care and treatment. We saw all people received an annual review with a care manager. This provided people and their representatives with an opportunity to discuss their placement and review their care and support needs.

We saw there were arrangements in place to speak with people about what was important to them. This meant people were able to give valid consent, received care and support in accordance with their preferences, interests, aspirations and diverse needs. In addition, people told us they could see visitors in private spaces as and when they wanted.

We asked the manager about the management of ‘Do not attempt resuscitation’ orders. They showed us two that were in place for people. We saw these were appropriately completed and included all those people who had been involved in this decision. We saw these had been annually reviewed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The manager was also able to describe how they had applied for a best interest assessment for two people. This involved appointing a best interest assessor who then decided if the person had capacity to make a decision about a particular issue for themselves. We asked the manager whether any people living at the home were subject to a Deprivation of Liberty Safeguard (DOLS). They told us there were 31 applications currently being processed. We saw the guidance contained within the MCA had been followed.

We saw a large notice board displayed in the reception area. On this was information about how to contact advocacy services. This was in large print so people could easily see it. There was also information about how to contact an Independent Mental Capacity Advocate (IMCAs). IMCA's are a safeguard for people who lacked capacity (this means people who were unable to make decisions for themselves). This ensured they were able to make some important best interest decisions on behalf of the person who lacked capacity.

Each person had their nutritional needs assessed and met. The home monitored people’s weight each month where appropriate, or more often if required by their nutritional assessment. We saw one person had been assessed by a speech and language therapist. Recommendations had been made about the consistency of food and drink required and the support needed to ensure their nutritional needs were met. This was confirmed when we spoke with the speech and language therapy team.

At lunch time we saw this person received food and drink in accordance with the recommendations from the professional. The support they received to eat was in line with the person’s specific care plan. This demonstrated that the person received effective care to meet their nutritional needs. When we spoke with the chef, he had very good detailed knowledge of people’s dietary needs.

Everyone we asked said the food was always very good with a good selection available and they had plenty to eat

Good

Is the service effective?

and drink. One person said, "The food is great." Another person told us, "There's always snacks available between meals." We saw minutes of meetings which showed that people were always asked for suggestions about meals. A care and catering staff member told us they had expressed some concerns about the food budget, because some of the younger people who used the service had large appetites. We discussed this issue with the regional manager. They said they would make arrangements to review the budget immediately.

Four people told us about the planned activities at the home and that it was their choice to join in or not, they said they were looking forward to the Halloween party planned for later in the week.

The layout of the building allowed people to move freely around the home. There was adequate space for people with walking aids or people in wheelchairs to mobilise safely around the home. People had easy access to the gardens and grounds.

People's orientation needs were taken into account in that there was appropriate signage evident around the home to make it easier for people to identify communal areas, toilets, bathrooms and bedrooms. The regional manager told us doors were to be colour co-ordinated to help improve orientation on the dementia care unit as well as memory boxes placed outside of people's bedrooms. We also saw that the manager had purchased rummage boxes for people to use on the dementia care unit.

Three care staff told us that during the staff handover, staff were informed of any concerns about people, professional visits such as GPs, district nurses and any other visitors and their outcomes. They also discussed any planned activities and allocation of tasks to be completed such as care plan evaluations and reviews. This meant staff were kept informed of people's conditions and changing needs.

When we spoke with staff they confirmed they had completed an induction programme on commencement of their employment. The induction programme included adult safeguarding, infection control, fire safety, food hygiene, first aid and moving and handling. We were also provided with information which identified what training staff had completed and when refresher updates were due to be undertaken. We noted that the induction programme was based on the Skills for Care Common Induction Standards, which were nationally recognised induction standards.

A senior care worker said that they had been provided with opportunities for training including the NVQ level 3, team leadership and palliative care.

A qualified nurse said that they had learnt a great deal from working in the home and that they felt they had benefitted from the wide range of qualifications and experience amongst the rest of nursing team. They said medicines were used appropriately and effectively. For example they said, one person who had recovered significantly since their antipsychotic medicine had been reviewed and eventually stopped.

Good

Is the service caring?

Our findings

A relative said that the care home was "The best care home that my brother had been in. They said, "The staff were spot on."

The seven staff we spoke with identified the caring attitude of the staff team as strength of the home. One care worker said, "In some homes, you see a table full of staff chatting amongst themselves. But here, we are all there for the residents not for ourselves."

These comments reflected the inspection team's experience. We observed staff sitting amongst the people in the care home's communal areas and talking with people in a relaxed and natural way. This was observed during different times throughout the day.

We saw staff were caring and treated people with compassion and kindness. We spent significant time in the communal areas and observed staff interactions with people who lived in the home. We saw staff were patient and considerate with people. They took time to explain things which meant people then knew what was happening. When assisting people, we saw staff enabled people to go at their own pace so they were not rushed. For example, we saw staff assisting one person to go to the designated smoking room. Staff spoke with the person throughout the procedure reassuring them and explaining what they needed to do to help, such as asking them to "Hold onto the frame." The process was unhurried and staff made sure the person's choice was respected in a quiet dignified manner.

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the room or walking with people in an unhurried manner, chatting and often having a laugh and joke with them. We saw staff knelt or crouched down to talk with people so they were at the same level. On the dementia care unit we saw one staff member spend time with a person who was not able to verbally communicate. The staff member knelt down in front of the person gently stroking the person's hand to reassure them and took time to listen to what the person was trying to communicate. Other people we spoke with told us the staff knew them well and gave them the support and care they needed. One relative said, "The care is very good and (my family member) gets the care and support they need."

We saw staff respected people's privacy, for example by knocking on people's doors before entering rooms. People were well dressed and well groomed. Staff ensured any personal care was discussed discreetly with people. For example, we saw one staff member approached a person and spoke quietly with them before assisting them to the toilet.

This showed us people received personal care and support using a person centred approach.

The caring and compassionate attitude of the staff came across in a variety of ways and situations during the inspection. For example, we observed a housekeeper adjust the clothing of a woman as she passed to ensure that her jumper covered the small of her back. The same housekeeper was observed making sure that a person in the skills kitchen to make himself a cup of tea had sufficient milk. We saw another member of staff reached out to respond by touch to a person with dementia who reached out towards them as she passed.

The way in which staff were observed responding to agitated and aggressive individuals was caring, calm and effective. The interventions were well-judged to protect both the agitated individual and the wider home environment and others.

Three relatives we spoke with said they felt their family member's privacy and dignity was respected. Staff we spoke with provided good examples of how they ensured people's privacy and dignity was upheld. For example, In one person's care records it said they liked to be called by their surname. We saw staff respected this and called the person by their preferred name.

This meant the principles of respect, dignity and privacy were put into practice.

Staff recognised the importance of maintaining people's independence and described how they did this. For example, they said people were encouraged to make their own decisions and had the right to take risks in their daily lives. We saw comprehensive risk assessments in people's care plans, which were regularly reviewed.

The care plans we saw described what people could do for themselves as well as the support they required from staff. One staff member said, "Everyone's treated as an individual. We put the person first, that's what's most important." One person who used the service said, "I had

Good

Is the service caring?

problems with alcohol. In the past I drank far too much but with the staff support I can now limit how much I drink and I no longer get drunk like I used to and I am happy about this." Another person said, "I used to get off my head with drugs. Coming here has saved my life."

This indicated that the service had a 'can do' attitude and risks were managed positively to help people using the service to lead the life they wanted.

We saw the service had detailed procedures and practice guidance in place to help staff when caring for people with degenerative conditions, terminal care and death. This included, monitoring pain, distress and other symptoms to ensure individuals received the care they wanted and needed. In two people's records we saw information about their preferences and wishes for their end of life care and the arrangements they wanted after death.

This meant that staff knew how to manage, respect and follow people's choices and wishes. However for some younger people who used the service, we saw their wishes and preferences had not been routinely discussed with them. The manager said she would seek further professional guidance regarding this very sensitive issue.

We saw staff listened to people and responded to their views. The manager told us there were monthly residents/ relative meetings and these were well attended. The minutes we looked at confirmed this. The manager said they found these were an effective way to communicate with people and their relatives. They said they had an 'open door' policy, which meant they were always available to talk with people and their relatives as and when they needed. This was corroborated when we spoke with people and their relatives. For example three relatives we spoke with felt communication was good and that they could make their views known to the provider and manager at any time. They said they were always invited to attend an annual review and this gave them an opportunity to discuss their relative's on-going care and support needs in detail.

As part of this inspection, we spoke with other professionals involved with people's care/placement. These included healthwatch, commissioners, care managers, a speech and language therapist, psychiatric mental support team and a member of the local authority's monitoring team. No concerns were raised by any of these organisations. All told us the registered manager and staff were very responsive to any suggestions made.

Based on our observations and what people told us the staff team, in particular the housekeepers and care workers, were very caring and had an excellent attitude towards the people they cared for.

Good

Is the service responsive?

Our findings

We saw a 'This is me my journal' document was held in people's care records. These contained information about people's past and what mattered to them. Some relatives had provided information about people's past and important people in their life, which helped staff to provide personalised care and support, particular to those living with dementia.

We looked at four people's care plans in detail. We found people's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each of the care plans we looked at had been reviewed monthly with recorded involvement from people themselves or their representatives. We found people had relevant risk assessments in place which had all been reviewed in the past three months. However information within the care records was at times very difficult to access. We noted that the new care plan format introduced 18 months ago was very complex and unwieldy. Staff told us they were too large and time consuming to complete. For example, we found many of these were more than 17 pages long before they clearly identified people's specific needs and the staff interventions to meet people's needs. For new staff or agency staff who would be unfamiliar with people's support needs, this could result in them being impeded/ hindered to support people appropriately.

We also saw there were eight extensive core care plans that the provider insisted on being completed for everyone. We saw several instances where the person did not require any support in these core areas and were fully independent. This resulted in people's care records being un-necessarily bulky and making information difficult to locate. Our findings were concurred by a member of Durham County Council's monitoring team who was visiting the home on the day of our inspection. When we discussed this issue with the regional manager, who was present during the inspection, they informed us that the organisation was currently piloting a new refined care plan format in other locations. They said the new format was much more user friendly and that feedback about these had been positive.

People told us that they were able to express their views about their care and said that staff did listen and act on what they said. For example, one person told us that they did not like using the lift. They had told staff that they preferred to be able to walk down the stairs instead. We observed that staff were caring and responded to people's needs.

Relatives told us that they felt they were kept informed about the health and wellbeing of their relative. One relative commented, "I feel that staff keep me well informed about my relative's welfare, they used to have a lot of anxieties, but these have reduced since they came to live here. I am very happy to have my relative here."

We asked five care staff and two nursing staff about people's care needs and they were able to describe their current care and support needs consistently. People told us they were confident of the skills and knowledge of the staff and their ability to meet their needs.

A specialist psychiatric nurse from the community mental health team who worked closely with the home to advise on best practice to meet people's needs, told us that the home worked well with other professionals within their team, sought advice and acted on it appropriately to make sure people's needs were met. Care records we saw showed that appropriate professionals had been involved in the review of people's care plans.

We saw that people were supported to maintain relationships with people important to them, such as family and friends. For example, one person told us they were supported by the staff to see their husband in private. Another relative confirmed that their relative was supported to maintain links with the local community often visiting the pub and local shops.

One person told us, "I have friends and family who come quite often and there are no restrictions on visiting times.

During our second visit on 30th October we observed the majority of people attending a Halloween party. People were dancing and singing along with a professional entertainer and those taking part were really enjoying the activity with staff and many relatives present. A few other people had chosen to spend time in quieter lounges or their rooms, watching television.

Staff told us that other activities included music therapy, board games, reminiscence, quizzes, cake baking, regular outings in the mini bus, and arts and crafts.

Good

Is the service responsive?

We saw displayed on the wall in the main corridor of the dementia care unit, three large murals depicting scenes from the Durham miner's march, local landmarks and the suffragette's movement, which people had contributed to during an arts and crafts activity with a local artist.

During our visit on 27th October we saw there were two activity coordinators for both areas of the home. People told us they often go out on trips. The staff said they tried to arrange some kind of activity every day. We saw staff had arranged a bingo session in one part of the home and the showing of a film in another part. When the film showing was becoming disrupted by some people, the staff moved the showing to another area of the home so that those who wanted to watch it undisturbed could do so. People told us they were satisfied with the range of activities available. For example one person enjoyed oil painting, they showed us some examples of their work and many were displayed around the home. Another person told us efforts had been made to tailor activities to their personal interests and said, "The staff know me very well we go on trips and have been all over, including the Lake District and Beamish museum." They were particularly pleased that they were taken "to the club for a pint once or twice a week."

The provider informed us that they had not received any formal complaints about the service during the last twelve months. Staff knew how to respond to complaints and understood the complaints procedure. We saw the provider's complaints policy and procedure, informed people of the action to take should they wish to raise a complaint about the service and this was displayed for people to see.

People told us that they felt they could freely raise any concerns with staff or could do this through their family if needed. Relatives told us that they had been provided with information on how to complain but had not had cause to do so. They told us if they did have to make a complaint, they felt this would be dealt with appropriately.

We found that the provider had systems in place such as residents and relatives quality assurance surveys and staff meetings for gathering feedback about the quality of the service provided. One relative spoken with during the inspection confirmed that they had attended two meetings which they found to be useful. Another relative commented, "I do feel informed about what goes on in the home including any health issues about my relative. I feel that the home is well run."

Good

Is the service well-led?

Our findings

At the time of our inspection the home had a registered manager in post. We saw leadership was good. We saw the manager had the required qualifications and experience and was competent to run the home. When we spoke with the manager they had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us they worked to continuously improve services by providing an increased quality of life for people who used the service with a strong focus on equality and diversity issues.

The manager worked alongside staff overseeing the care given and providing support and guidance where needed. Our discussions with people who lived in the home, relatives and staff and our observations during the visit showed there was a positive and open culture.

Relatives we spoke with felt the service was well run and praised the manager and staff, who they said were approachable and listened to their views. One relative said, “They are very good and always available. I think the home is well run.”

We saw the manager of the home was very popular with their team. One member of staff said, “She is the best manager I have encountered.”

The atmosphere in the home was friendly, cheerful, caring and relaxed.

All the people spoken with said they felt they could approach the manager or senior staff about anything.

The manager told us they avoided using agency staff or others who were not regular and did not know the people who lived in the home. This was a significant achievement and showed genuine concern for the quality of care provided. One person who lived in the home told us that “All the staff are brilliant and there is not a bad one.”

Staff demonstrated a good understanding of the values and ethos of the home and described how these were put into practice. They said the manager and the new regional manager led by example and encouraged them to make suggestions about how the service could be improved for people.

The manager told us satisfaction surveys were sent out annually to people who lived in the home, health and social care professionals and relatives. We saw a sample of the most recent surveys which gave positive feedback. The manager told us the information from the surveys was being collated and would be displayed in the home so people could see the outcomes and any actions taken.

Our discussion with the manager confirmed there were systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. For example we saw an accident audit report which provided an analysis of accidents, identified any themes and identified actions to be taken.

The manager showed us a list of monthly care plan audits they had completed. In addition we saw there were audits of medication, infection control, cleaning schedules, supervisions and moving and handling competencies. We saw that where any shortfalls were identified in these audits actions were taken.

The manager showed us that £10,000 had been allocated to re-new the flooring throughout the home. We also saw that new bedroom and lounge furniture had been purchased.

During our inspection we saw the refurbishment of the home had commenced as there were painters and decorators and flooring specialists working in the home.

The registered manager informed us that they had produced an action plan following a local authority contract monitoring visit and these actions were now all met. This was confirmed when we spoke with a member of the monitoring team.

We saw a copy of the infection control team’s most recent report. They had recommended three minor areas for improvement which had been actioned by the provider.

We saw there were emergency plans in place for people, staff and the building maintenance. In addition to this we saw there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment. For example, there was a programme of servicing and checking of moving and handling equipment such as hoists. This meant the physical design and layout of the home enabled people to live in a safe, well-maintained and comfortable environment, which encouraged their independence.

Good

Is the service well-led?

The manager told us no formal complaints had been received in the last year. The manager told us they welcomed complaints and suggestions, and used these positively and learned from them. Informal concerns had been recorded and included the action taken in response and how the outcome was then fed back to the person who had raised the concern. This was confirmed when we spoke with one relative who had recently raised an informal concern with the manager. We saw the home's complaints procedure was freely available in the home and clearly outlined the process and timescales for dealing with complaints.

This meant people were able to express their concerns, and had access to a robust, effective complaints procedure. This helped to minimise the risk of abuse and safeguarded people rights.

The manager told us staff meetings were held regularly and staff were encouraged to air their views about the service. We saw minutes from the last two meetings which confirmed this and showed all aspects of the service provision were discussed with an emphasis on how to make improvements for people who lived in the home. Staff told us they found these meetings useful and felt their opinions were valued.

Staff we spoke with confirmed they had regular supervision sessions with the management team.

Prior to our inspection we asked various health and social care professionals, the local authority and the commissioners of the service for their views about the service provided at the home. They confirmed they had no issues or concerns about the service at the time of our inspection.

All of these measures contributed to having a strong management ethos of being open and transparent in all areas of running the home. We saw some sound policies and procedures, which the manager effectively reviewed and updated, in line with current thinking, research and practice.