St Peter's Home Limited

St Peters Home

Inspection report

26-28 St Peters Road
Margate
Kent
CT9 1TH
Tel: 01843 291363
Website: www.stpetershomeltd.co.uk

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Ratings

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

Overall summary

St Peters Home offers short and long term residential care for up to 38 older people, some of whom may be living with dementia. The majority of bedrooms are on the ground floor and have en-suite bathrooms. A lift provides easy access for people to the first floor. The service is situated in Margate and has close public transport links. On the day of our inspection there were 33 people living in the service.

The service is run by the registered manager with a deputy manager. Both were present on the days of our inspection. The registered provider was also present during the inspection. The registered provider is a 'registered person' who has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service. Staff understood the importance of keeping people safe. Risks to people's safety were identified and managed

Summary of findings

appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff knew how to protect people from the risk of abuse.

Recruitment processes were in place to check that staff were of good character. People were supported by sufficient numbers of staff with the right mix of skills, knowledge and experience. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles.

People were confident in the support they received from staff. People and their relatives said they thought the staff were trained to be able to meet their needs or the needs of their loved ones. People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's physical health was monitored and people were supported to see healthcare professionals.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made when this was in their best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People and their relatives were happy with the standard of care at the service. People were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff were kind, caring and compassionate and knew people well. People were encouraged to stay as independent as possible.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used concerns and complaints as a learning opportunity.

The design and layout of the building met people's needs and was safe. The atmosphere was calm, happy and relaxed. The risk of social isolation was reduced because staff supported people to keep occupied with a range of meaningful activities which included gardening, singing and exercises.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager and deputy manager worked with the staff each day to maintain oversight of the service. People and their relatives told us that the service was well run. Staff said that the service was well led, had an open culture and that they felt supported in their roles.

There were systems in place to monitor the quality of the service. The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

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.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Risks to people were identified and staff had the guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of people's needs and preferences and knew people well. There was regular training and the registered manager held formal supervisions with staff.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People's nutritional and hydration needs were met by a range of nutritious foods and drinks. The building and grounds were adequately maintained.

Is the service caring?

Good

The service was caring.

Staff were patient, kind, caring and compassionate. Staff understood and respected people's preferences and individual religious and cultural needs.

People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Is the service responsive?

Good

The service was responsive

People received consistent and personalised care and support. Care plans were kept up to date to reflect people's changing needs and choices.

A range of meaningful activities were available. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

Summary of findings

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used concerns and complaints as a learning opportunity.

Is the service well-led?

Good

The service was well-led

People and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

Staff told us that they felt supported by the registered manager. There was an open culture between staff and between staff and management.

The registered manager completed regular audits on the quality of the service. The registered manager analysed their findings, identified any potential shortfalls and took action to address them.

St Peters 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 took place on 06 and 07 May 2015 and was unannounced. This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting. We normally ask the provider to complete 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. On this occasion we did not ask the provider to do this as we were responding to information and concerns that had been raised with the Care Quality Commission (CQC). We reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with 14 of the people living in the service. We met four relatives who were visiting and spoke with a further four by telephone. We spoke with care staff, kitchen staff, the activities co-ordinator, the registered manager, deputy manager, administration manager and the provider. During our inspection we observed how the staff spoke with and engaged with people. Some people using the service were not able to talk with us because of their health conditions so 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 looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was managed.

We last inspected St Peters Home in October 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. We asked people if they felt safe living at St Peters Home and people said, "I'm safe here. I've always been", "Oh yes, I feel safe. I know someone is there", "Oh definitely. I never think of not being safe. I would say something to someone". Relatives commented, "She is very safe here", "She had a fall but that could happen anywhere. I do feel she's safe here" and "He's safe. He can go anywhere he wants".

There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. All the staff we spoke with had received training on safeguarding people and were all able to identify the correct procedures to follow should they suspect abuse. Staff commented, "I would definitely let my manager know if I suspected abuse was going on here. I know they would do something about it. Failing that I would contact the Care Quality Commission" and "I would want something done if it were a relative of mine at risk, I look at it that way".

Staff understood the importance of keeping people safe. Staff told us, "People are physically safe. People living here have dementia and quite a few would be at risk of harming themselves or going missing if we didn't do something about it. We have gates to certain parts of the home to prevent this happening" and "We do have three people who might be a risk to their own safety or others. We look after those people on a one to one basis". Staff said that they felt the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. One person said, "I don't have to think about my tablets, which is really good. They just bring them. And they do get a doctor if I need one". We observed staff supporting people to take their medicine and looked at the medicine administration records (MAR) for people. Staff did not leave people until they had seen that medicines had been taken. There were clear procedures which were followed in practice; this included the staff wearing a red tabard to show that they were administering medicines and to reduce the risk of interruptions. Staff told us they were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects. Medicines were handled appropriately and stored safely and securely. Daily checks were completed on medicines, the temperature of the medicines room and fridge. The team leaders and registered manager completed a drugs audit on a monthly basis. If any concerns were identified these were addressed with the individual members of staff. Medicines audits were also carried out by a local pharmacy and the most recent audit did not highlight any errors or poor practice.

When people received some medicines only now and then (PRN), this was recorded appropriately on the MAR. As a measure of good practice, staff also recorded further details which included the time and date and the reason why the PRN was given. Staff checked with people at various times, following PRN medicines being taken, to make sure, for example, that the pain relief was working and to ensure that no further action to control the pain was needed.

Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. When people had difficulty moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them stay as independent as possible. There were clear signs to remind staff of the importance of safe practice including using the correct footrests with each wheelchair. People were encouraged to move around the service and were supported to take reasonable risks to maintain their independence. Staff told us that some people had a tendency to wander and that they all had rooms downstairs. Relatives said, "We like it that they can wander around. They don't make them sit down if they don't want to" and "We like it that he can walk around, it's better for him than at home".

People were supported to live in a safe environment. The service was clean, tidy and free from odours. People said, "The girls came in this morning to clean it all" and "It is all clean". There were alcohol hand gels in each room and signs to remind people about the importance of hand hygiene. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were well maintained.

Good

Is the service safe?

There were procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff were clear of what to do in the case of an emergency. The registered manager arranged fire awareness training with a local fire officer. The training allowed staff to use fire extinguishers and ensured they had the confidence to react appropriately in the case of a fire.

The provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People and their relatives told us that there were enough staff at the service. A relative commented, "It's not 24 hour one to one care but it is very good". The provider employed suitable numbers of staff to care for people safely. They assessed people's needs and made sure that there were enough staff with the right mix of skills, knowledge and experience on each shift. The staff rotas showed that there were consistent numbers of staff throughout the day and night to make sure people received the support they needed. There were plans in place to cover any unexpected shortfalls like sickness. During the day of the inspection staff were not rushed. People told us they thought there were enough staff to meet their needs. All of the staff we spoke with felt they had enough time to talk with people and there were enough staff to support people. One staff member told us, "Like most places I suppose, we do have people calling in sick from time to time. The manager always makes sure the shift is covered though. One of us might come in or they'll call in agency staff". Another staff member said, "I wouldn't stay if I couldn't spend time with the residents. Of course some days are busier than others but there are enough staff generally speaking". The visiting fitness instructor said, "They seem to have a knack of choosing the staff. I've been coming here for six years and I've never witnessed an incident to be concerned about. I'd phone social services if I did." She added that she had a good rapport with the staff, who helped her if people needed more care and that she had planned her sessions with the staff and they ensured people always had water available for her session.

Accidents and incidents were recorded and reported. The registered manager analysed these to check if there were any identifiable themes or patterns which were contributing to the accidents, and if there was any action which could be taken to reduce the risks. When a pattern had been identified the registered manager referred people to other health professionals to minimise risks of further incidents and keep people safe.

Good

Is the service effective?

Our findings

People were confident in the support they received from staff. People and their relatives said they thought the staff were trained to be able to meet their needs or the needs of their loved ones. One person told us that they had suffered from a number of falls when they lived at home and said, "Ever since I set foot in here no more falls!" Relatives added, "They phone if she's not well or if she is going to hospital or anything" and "She had a fall, but it was all dealt with very well. They phone me. It's all good". We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs.

Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that staff were kept up to date with any changes in people's needs. Staff told us that they felt supported in their roles.

Staff had an induction into the service when they first began working there. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. The registered manager told us that, "Planned induction, training and development of new staff is essential to ensure good practice and the provision of a high quality service". We asked staff about their experiences when commencing employment with the provider. One staff member said, "I'd never done care work before I came here. The induction was great. I had time to learn about the place and look at the policies. I shadowed staff for a month before I worked alone. I felt really confident by the end".

Staff were encouraged and supported to access ongoing professional development by completing vocational qualifications in care for their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard. The registered manager kept a training record which showed what training had been undertaken. Staff told us that training was offered to staff that was relevant to the care needs of the people they were looking after. One staff member said, "I have had training in dementia care which has really helped me" and another told us, "To be honest, there is more than enough training. I hadn't done anything like this kind of work before I came here, so it was really important for me".

The registered manager coached and mentored staff through regular one to one supervision. Staff told us that they undertook regular formal supervision with their line manager and were able to discuss matters of concern and interest to them on these occasions. One staff said, "I know that if I have a problem I can go to the manager. The door is always open".

Staff explained that people and their relatives were involved with planning their care and that when someone's needs changed this was discussed privately with the person. One staff member said, "We know that most of the people living here can't make big decisions for themselves but they can make small ones like what they eat and what they wear. We try not to make decisions for people if they can do it themselves". When people were unable to give valid consent to their care and support, staff at the service acted in accordance with the requirements of the Mental Capacity Act 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. When people were not able to make major decisions, appropriate consultation was being undertaken with relevant people such as GP's and relatives to ensure that decisions were being made in the person's best interests. The registered manager was able to show us examples of when these 'best interest meetings' had been used. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. Some people had made advanced decisions, such as Do Not Attempt to Resuscitate (DNAR), this was documented and kept at the front of people's care plans so that the person's wishes could be acted on.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager was aware

Good

Is the service effective?

of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. The registered manager had checked staff's knowledge of DoLS during their most recent supervisions to make sure staff understood how people's rights should be protected.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day. When we asked people about their meals their comments were positive. People said, "It's lovely food and there's plenty of it. We don't go short of anything here", "I'm quite happy with the food" and "It's very good food. The pastry is excellent".

The registered manager had made some major changes around meals and people and their relatives had been heavily involved in these changes. The main meal of the day had been changed from lunchtime to late afternoon. Meals were brought in, pre-prepared, from a company who worked closely with the Alzheimer's Society and menus were displayed in a dementia-friendly manner, on a yellow background, to make it easy for people to make their meal choices. Relatives said, "There was a huge change over to the new menus. It seems a lot better now. (My relative) can be fussy but now there's always something to eat for her" and, commenting on their relative looking healthy, "Since they have changed menus she eats the food and is more alert and has far more colour". Another relative explained why they were so pleased how their loved one was eating and said, "The food is very good. At first, he was on a liquidised diet and we questioned it. They referred him back to the hospital and now he eats proper food which he enjoys". When people were on 'soft diets' they were well presented with each food item pureed and moulded separately so that people could see and taste the individual foods.

Kitchen staff told us how they managed people's nutritional requirements. They knew people's particular food likes and dislikes and explained that some people had specific dietary requirements which they took into account. There was clear information about people's specific needs displayed in the kitchen and this was regularly reviewed and updated.

We observed lunchtime and people appeared to enjoy their food. There was a relaxed atmosphere. Throughout lunch staff were attentive and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's dining experience. Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff consequently people, where possible, felt empowered to express their needs and receive appropriate care. Those who could not express their needs received the right level of support, for example, in managing their food and drink. Three people became agitated and verbally aggressive during the course of lunch. Staff intervened and used appropriate de-escalation techniques to ensure the safety and welfare of people and staff. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose and meant that the care given was of a consistently high standard.

The design and layout of the service was suitable for people's needs. The building and grounds were adequately maintained. All the rooms were clean and spacious. Lounge areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family. People were encouraged to make their rooms homely by taking in personal items.

People maintained good physical and mental health because the service worked closely with health and social care professionals including: doctors, dentists and community nurses. People were supported by staff to attend appointments with their doctors, dentists and other health care professionals if the person agreed. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals, like physiotherapists and occupational therapists, to meet their specific needs.

The service was taking part in the 'Thanet Pilot – Paramedic Practitioner collaboration between Primary Care Clinicians and Residential Care Home Practitioners'. This scheme aimed to reduce the number of unnecessary admissions to the Accident and Emergency department at the local hospital. The registered manager and staff had built a

Good

Is the service effective?

strong working relationship with the paramedic practitioner and there had been a reduction in hospital admissions. The registered manager said, "Some staff have now completed a basic paramedic course. We work very closely with our paramedic practitioner. This has had some real benefits. We rarely see GPs now. When we have someone on end of life care the paramedic practitioner comes in and administers their morphine. The paramedic practitioner comes in regularly and knows the staff and service users well. The team leaders, in particular, are working very closely with him".

Care plans were reviewed for their effectiveness and reflected people's changing needs. People were weighed on a regular basis and any fluctuation in weight was noted. Staff contacted the relevant health professionals, such as dieticians, if they noticed any change in weight. Prompt action was taken to make sure people had the care and support they needed. Care plans included an overview of people's health conditions and this noted any involvement with other health professionals, such as, specialist nurses or GPs.

Good

Is the service caring?

Our findings

People were happy living at the service and said that they were well cared for. People told us, "They are very nice indeed, and helpful. You only have to ask and they do what they can", "They seem very good. I have my favourites!" and "It's a nice feeling here. You wouldn't think twice about asking for something". Relatives commented, "It's really good. Very good care with very good staff", "It's really good. She is very happy and the staff all seem very good" and, "They are all very polite. They are helpful and caring. They do everything they can to help".

People were able to move freely around the service and spend time in communal areas or in their rooms. Staff provided positive support and encouragement when assisting people to move around the service. Staff told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Relatives spoke highly of the level of care their loved ones received. They told us, "We've come in at all different times. We are always welcome, at all times. They are brilliant here"; "I've been made welcome every time here. They all know me by name now" and "We can visit at any time and we feel welcome".

We asked staff how they found out about people's preferences, particularly those unable to communicate verbally. The registered manager told us about the service's 'Philosophy of Care' and told us that the aim was to retain and promote independence for clients and to build a living, working environment based on reality, acceptance and respect". One staff member told us, "There are people here who really struggle to tell us what they want. But some have come to live here at a time when we could find out their likes and dislikes so we know a lot about them anyway. We also speak to relatives and they can tell us too. We use a lot of non-verbal communication and we know them really well so that helps a lot". Another staff member said, "We get training in this. We learn how to communicate with people who have dementia. For example, we use pictures of the food on offer to allow people who can't tell us, to choose what they want".

People were encouraged to stay as independent as possible. Individual support plans gave staff guidance of what people could do for themselves, what assistance was needed and how many staff should provide the support. Staff understood, respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there.

Staff were discreet and sensitive when supporting people with their personal care needs. Personal care was given in the privacy of people's bedrooms or bathrooms. Staff told us how they supported people to maintain their dignity, privacy and confidentiality. One staff member told us, "A lot of it comes down to treating people how we would like to be treated. None of us would talk over them or do something like broadcast that they needed the toilet to the whole room. We do get training on this as well but it's to reinforce the way we do things here". Another staff member said, "It's basic stuff really. This is people's home and we treat it like that". Staff added that they had training on privacy and dignity.

Staff told us that they followed the service's 'Philosophy of Care' which stated, "Standards of living, dignity, respect, privacy, self -esteem and value of self- recognition of their lives and how they have lived them. Their lives did not begin when they walked through St Peter's door any more than ours did". One staff commented, "We ask how people want their care delivered. Many people have keys to their bedroom – it's their front door. Privacy and dignity is particularly important for families when their loved ones are at the end of their life. It's the Mum's test". (The Mum's test is considering if you would like your Mum or loved one to use the service).

Staff supporting people were patient and had a friendly approach and showed consideration towards people. A member of staff told us that one person was restless and wandering and said, "She's been up and awake all night. She must be so tired". They took time to try and settle this person and asked them to choose an armchair. They put a blanket on them and began to reassure them and stroked their face. When this person got up for a second time they, again reassured them and managed to settle them.

Staff chatted with people and their relatives. Staff spoke with people in a sensitive and kind way. Another member of staff took time to involve a person in conversation. They sat with them quietly and talked about the music and discussed their favourite meal. People were relaxed in the company of each other and staff. The management team

Good

Is the service caring?

and staff knew people well. Staff displayed caring, compassionate and considerate attitudes towards people and their relatives and they were sensitive to people's needs.

Care plans and associated risk assessments were stored securely, to protect people's confidential information, and located promptly when we asked to see them. People discussed aspects of their care with staff. People and their relatives were involved in making decisions about their care and care plans were signed, where possible, by people to show that they had been involved.

People's preferences and choices for their end of life care were clearly recorded and kept under review. Relatives told us that they had been involved in the planning of their relative's end of life care. People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy. Staff told us that people were able to attend local church services if they wished and that the staff supported them to do so.

People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were neatly shaved. This promoted people's personal dignity. People told us that a hairdresser visited the service regularly. One person said, "They do my hair here and they do my nails. I have it all done here! I'd miss them if I went".

Good

Is the service responsive?

Our findings

People felt they were supported in a way that met their needs. Relatives told us that they thought staff were responsive. Relatives said, "They have all pretty much got used to (my relative) now and they've persuaded her to have a weekly shower now which she wouldn't at first" and "They deal with whatever is needed".

People and their relatives told us that an assessment of their needs was completed when they were considering moving into the service. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. This was used so that the provider could check whether they could meet people's needs or not. Relatives told us that staff kept them up to date with any changes in their relative's health. One relative commented, "They told us as soon as we got here that he was tired today".

Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. The registered manager and deputy manager told us that the service's 'Philosophy of Care', which noted that 'Clients will be encouraged and motivated in a positive way to participate in making their own care plans with staff and families. This will enable them to retain choice and control wherever possible in their lives', was very important. Plans included details about people's personal care needs, communication, mental health needs, health and mobility needs. When people's needs changed the care plans were updated to reflect this so that staff had up to date guidance on how to provide the right support and care. Risk assessments were in place and applicable for the individual person.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. One person who chose to stay in their room rather than join in a group activity commented, "They try to get me off my bum but I'm happy here". Other people said, "There's always something to entertain me here" and "Lots of things to do. I've been all round the garden". The provider employed an activities co-ordinator who planned activities each day and an easy to read list of these was displayed on boards around the service. Activities during our inspection included reading books, doing crosswords, VE day crafts, singing sessions, gardening and sowing seeds and a quiz.

There was also a fitness instructor who regularly visited the service and encouraged people to join in. They knew people well and told us how much people had progressed over a period of time. Staff were aware of people who chose not to take part in activities and made sure they were offered alternatives. The activities co-ordinator kept a diary to show what activities had been offered to and completed by people and also detailed if they had declined to take part. People told us that they had been putting Union Jacks on the wall. People were engaged in copying letters on to the VE day banners and were smiling and laughing and looked as though they were enjoying themselves. There were reminiscence pictures around the walls of the service as well as collages of old, colourful documents, reproductions of old newspapers and picture mirrors with personalities from the past. The activities co-ordinator and staff involved people in up to date and current activities, such as, a competition to name the Royal baby and VE day celebrations. A relative told us, "The music is playing and he likes that. They have taken him out a couple of times in his chair".

People and relatives told us that they would talk to the staff if they had any concerns and felt that they would be listened to. People said, "No complaints", "I haven't any problems. If I did, I would mention it to the staff – no one in particular" and, "I can speak to anybody". Relatives said they had no complaints but if they did have they said, "We just speak to whoever is here and they deal with it" and "I'd just go to the senior of the day". A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. There was a complaints procedure on the notice board for people, relatives and anyone else who visited the service. Staff told us that they were aware of their responsibilities of dealing with comments and complaints. One member of staff commented, "We manage things locally where possible so it doesn't become a formal complaint. We had an example a while back where someone's clothes were mixed up. The relatives approached us, we apologised, put it right and it hasn't happened again".

Good

Is the service well-led?

Our findings

People we spoke with knew the provider, deputy manager and staff by name. People told us, "It is very well run", I love it here! I have everything here and I am spoilt" and, "It's the best thing there is". Relatives said, "There are no major things. They are very busy here. We sit down and talk if there is a concern. They deal with it and we all move forward. I would recommend it to anyone" and "I haven't seen anything I disliked here. No problems with it at all. We looked at a few homes before choosing it and (our loved one) is really happy here".

There was a clear management structure for decision making. The registered manager and deputy manager worked alongside team leaders to provide guidance for staff. The registered manager and deputy manager worked with the staff each day to keep an overview of the service. There were white boards in the service which named each member of staff on duty that day so that people and their families knew who they could speak to. The registered manager held regular meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. Where lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The registered manager welcomed open and honest feedback from people and their relatives. The annual survey had been sent to relatives and they were awaiting responses to analyse, and if needed, to take action. The activities co-ordinator and staff spent time with people individually, encouraging them to complete an easy to read questionnaire themselves but giving support to them if requested. Amongst the questions people were asked were; if they enjoyed the food, if they thought the staff were kind to them, if they liked the activities on offer and if they were happy living at the service. One person commented about the activities "I don't do them but I like to see others enjoy it". Another person said about the staff "Yes I do. I'd give a kiss to all the staff. I like it here". When people made any negative comments these were followed up and addressed so people's comments were listened to and acted on quickly. One person had indicated on a questionnaire that they weren't completely happy with the food and the registered manager spoke with them and carried out a food audit with them to see if there was any action they could take to improve this for them.

Staff understood the culture and values of the service. One member of staff said, "I think it's the best place I've ever worked. Everyone gets on and knows their role. I always feel that I am listened to and that I can say something that's on my mind. I think this helps us to provide good care". We asked staff for their views on the management and leadership of the service. All of the staff we spoke with felt the service was well led. One staff member said, "The door is always open and if you have an issue you know it will always be dealt with properly and in private". Another member of staff commented, "I can't fault it really. I think that's the reason there are quite a lot of staff that have been here a while".

Staff were clear what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. Records of staff supervisions contained comments from staff on the service and management. Comments on these included, "The management is very approachable and has a good rapport with staff"; "I feel supported in my role and know I can come to management at any time if I have any concerns" and, "I am very confident in the management team".

Staff told us that innovation and improvement were encouraged. One member of staff said, "We are always looking at new ways of doing things. For example, we've switched the main meal of the day to late afternoon as opposed to lunchtime. We're monitoring it but have noticed a reduction of falls and challenging behaviours. Other homes have taken an interest in our work". The registered manager had closely monitored any differences this change had made to people. She told us that people's blood sugar levels were more stable and that they had noted that there had been a reduction of falls during the night and that people remained settled for longer and did

Good

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not wake as early as they did previously. Staff also told us that they were taking part in a pilot involving the use of a quick response paramedic practitioner to manage medical emergencies.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.