Cheriton Care Centre Limited

Maumbury Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 9 January 2019 and was unannounced. The inspection continued 10 January 2019 and was announced.

Maumbury Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Following a change in their registration the home no longer provides nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 37 people across two floors, each of which has separate adapted facilities. At the time of our inspection 24 people were living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Over the last three years the home has been rated requires improvement on three occasions and inadequate in June 2017 when it was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During the December 2017 inspection the service demonstrated to us that improvements had been made and it was no longer rated as inadequate overall or in any of the key questions. Therefore, this home was taken out of Special Measures. As we required the home to demonstrate that it could sustain the improvements we observed it was rated requires improvement.

Since the June 2017 inspection the provider had, on request, submitted monthly action plans to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led. We found that during the December 2017 inspection the action plan had been followed and improvements had been made.

People, relatives and staff felt the home was safe and well led.

The home had advised us and the local authority safeguarding team of notifiable events such as serious injury or safeguarding incidents between people living at the home. These notifications are a legal requirement.

Systems and processes were in place to assess, monitor and improve the service, such as audits and daily checks. Required actions had been taken following audits.

The home used a dependency tool to work out how many staff to deploy to meet people's needs. Although

some staff told us they felt rushed in the mornings the dependency tool indicated there were enough staff to meet people's needs. At the time of the previous inspection staffing levels exceeded people's needs. Now that numbers of people living at the home had slowly been increasing staffing levels now matched requirements. People, and their relatives, told us they felt their family member's needs were being met and did not raise any concerns with staffing levels at the home.

People were supported by staff who understood the individual risks they faced and valued their right to live as full lives as possible. People's personalised risk assessments were updated following accidents or incidents such as falls.

Medicines were managed safely. People received their medicines on time and at the prescribed dose.

Staff knew how to recognise and report signs of potential harm or abuse and had received safeguarding training. They told us that they would feel confident raising concerns internally and, if needed, to external agencies such as CQC, the local authority or police.

Staff received appropriate support through a combination of supervision, training, team meetings and competency checks to help them carry out their duties effectively.

Staff supported people in line with the principles of the Mental Capacity Act 2005 (MCA 2005). Where required mental capacity assessments and best interest decisions had been made.

People were consistently treated with dignity and respect and supported by kind staff who gave them every opportunity to make decisions about the care they received.

People received personalised care that was responsive to their individual needs and reflected their preferences, likes and dislikes.

Care records were detailed and accurate and included people's end of life care needs.

Fire procedures for visitors and signage were now clearly displayed in the home. This had been addressed since the previous inspection. People had personal emergency evacuation plans (PEEP) in place. These guided staff on how to help people evacuate the home safely in the event of an emergency such as fire or flooding.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had a care plan and associated files which included guidelines to make sure staff supported people in a way they preferred.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to people's needs for example, some people were diabetic or had vulnerable skin and staff had been trained in this area.

People and relatives told us that they were happy with the food offered at the home. We reviewed the menu which showed that people were offered a range of healthy meals.

People were supported to access healthcare appointments as and when required and staff followed professionals' advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen GPs, district nurses and opticians.

People, professionals and relatives told us that staff were caring. We observed many positive interactions between staff and people.

Staff treated people with kindness and respect. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well and could interact in meaningful ways with them.

People had their care and support needs assessed prior to moving to the service. The care plans were regularly reviewed by the service with people, families and relevant health and social care professionals.

People were encouraged to feedback. We reviewed the resident's and relatives survey results which contained mainly positive feedback. Improvements had been made in relation to activities provision in relation to people's feedback.

The home had a system to record complaints. This recorded the detail and actions taken to resolve the identified issues. The registered manager told us that lessons were learnt and shared with staff in meetings and at handovers. Records and our observations confirmed this. This demonstrated that the service acknowledged people's concerns and looked to resolve and learn from them. The laundry system had been reviewed and improved. Only one complaint had been received since the previous inspection and this had been investigated and resolved.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them. Staff felt recognised and that they were supported to progress.

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.

The home raised safeguarding alerts to relevant agencies when incidents had occurred.

The home used a dependency tool to help ensure that staffing levels matched people's needs.

People had individual risk assessments. Records detailed how people's risks were being monitored and managed.

People received their medicines on time and at the prescribed dose.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and systems were in place to deliver good outcomes.

Staff received training that helped them meet people's specific needs.

Staff supported people in line with the principles of the Mental Capacity Act 2005 (MCA)

People were supported to eat and drink enough and their individual dietary needs were recognised and met.

People had timely access to health care services and referral for specialist equipment when required.

Is the service caring?

Good

The service was caring.

The laundry system had been reviewed which meant there was less risk of people's laundry being lost or misplaced.

People were supported by staff that were kind, caring and patient and respected their right to make decisions about the care they received.

Staff knew people well which supported meaningful interactions.

People were supported by staff who consistently respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had personalised cared plans that included their specific communication needs. These were known and followed by staff and shared with professionals when required.

People were encouraged and supported to participate in an improved range of activities both in the home and the local community.

A complaints procedure was in place. Complaints were acknowledged and action taken to resolve the issues in line with the provider's policy.

Resident and relative's meetings took place which provided an opportunity for people to feedback and influence what happened at the home.

People had end of life care plans which reflected their needs and wishes.

Is the service well-led?

Good

The service was well led.

Quality monitoring systems helped identify areas for improvement and required actions were then taken.

Feedback was sought from people, relatives, staff and professionals to help improve the service.

The management team was seen as approachable and respected by people, relatives and staff.

The home had established working relationships with other

agencies such as community rehabilitation teams, district nurses and GPs.

Maumbury Care Home

Detailed findings

Background to this inspection

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

This inspection site visit took place on 9 January 2019 and was unannounced. The inspection continued on 10 January 2019 and was announced. The inspection was carried out by two inspectors and an expert by experience on day one and two inspectors on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed monthly improvement progress plans the service had sent us.

We spoke with 10 people who used the service and seven relatives. We spoke with the registered manager, deputy manager, operations director, activities coordinator, one senior carer, domestic staff, four care staff and the chef. We spoke with two health care professionals who had experience of working with the home.

We reviewed six people's care files, two medicine administration records, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the most recent survey results. We observed staff interactions with people, a meal time and a care staff handover. We looked at four staff files, the recruitment process, complaints, training, supervision and appraisal records.

We walked around the building and observed care practice and interaction between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

The home had advised us and the local authority safeguarding team of notifiable events such as serious injury or safeguarding incidents between people who lived at the home. These notifications are a legal requirement.

The home had systems and processes in place for the reporting, recording and review of accidents, incidents and near misses. Action had been taken immediately following the incidents to ensure people's wellbeing, and to reduce the chance of a reoccurrence, although some incident forms for December 2018 did not document what actions had been taken. We were told that this was because these particular forms were still 'live' and awaiting auditing at the time of our inspection. This delayed recording of actions did not compromise peoples' safety but could affect tracking of follow up actions taken. When we raised this with the registered manager they said they would revisit their incident review process. The registered manager audited incident forms monthly to identify learning which was then shared with the team.

There were enough staff to meet people's needs. The home used a dependency tool to help match staffing levels to people's assessed needs. Despite this some care staff told us they felt there were insufficient staff in the mornings. The management felt this could be as a consequence of being overstaffed at the time of the December 2017 and numbers of people living at the home subsequently increasing, albeit slowly, making the staff feel more rushed. Our observations were that staff responded to people's needs in a timely way and people and their relatives confirmed this. In addition, survey feedback from people, relatives and professionals had not indicated any concerns with staffing levels at the home. A staff meeting was held on day two of the inspection with the management telling us that staff present had not raised any concerns with staffing levels.

People had call bells in place which supported them to alert staff when they needed their help. Although one person told us that it took staff up to 30 minutes to respond to their call bell, with us raising this with the registered manager, other people said that staff came as soon as they could. One person told us, "[Staff name] came quickly when I pressed the bell last night." Our observations were that staff responded within a couple of minutes.

People told us they felt safe living at the home and relatives felt assured with the level of support their loved ones received. Two people told us, ""Oh yes I feel quite safe here…they look after me and they're all very nice indeed" and, ""I would love to be able to go back to my home, but I just couldn't manage there on my own…at least I'm safe here as the carers are always about to help me…. I've got a really nice room too." Relative comments included: ""My Mum is safe here…I know she has someone around all the time should she need help…that makes me feel comfortable that she's in the right place" and, "[Name's] resigned to be in a home now and has settled in well due to the carers. Both [name] and I feel [name's] safe in here and I don't have to worry about [name]…[name's] room is nice and [name] seems very well cared for."

Staff demonstrated knowledge of the signs and symptoms that may indicate a person was experiencing harm or abuse and who they would report concerns to both internally and externally. A staff member said

that signs could include, "The person's facial expression, body language or they might be tearful." Another staff member told us, "I would report it straight away. You can go further up the line if needed. Either to a senior, the manager or CQC."

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us they felt confident that should they raise concerns the management would listen and take action.

The service used an online care system. This system alerted staff if a time specific medicine was due, for example pain relief. Alerts were also sent if medicines had not been provided. Records confirmed this. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. These were recorded on the reverse of the Medicine Administration Records (MAR).

The service had safe arrangements in place for the storage, administration and disposal of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed. Some medicines were being used that required cold storage; the temperature of the medicine fridge was monitored and recorded. In addition, the temperature of the room where medicines were stored was monitored and was within the acceptable range.

Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Stocks of these medicines matched the balances recorded. Topical creams and liquid medicines had their opening and expiry dates on them. MAR charts had been completed and audited appropriately.

There was a procedure displayed for visitors to follow in the event of a fire, a clearly identified fire assembly point with signage in the car park and warning notices displayed informing people not to use the lift if the alarm sounded. These improvements had happened since our previous inspection in December 2017. People had Personal Emergency Evacuation Plans (PEEP) in place. These plans detailed how people should be supported in the event of a fire. We reviewed the fire safety records which recorded regular fire alarms and equipment tests and servicing.

The home had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people living there. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where unsafe practice had been identified staff had received informal coaching to help ensure their practice improved.

Staff had received training and understood their responsibilities regarding minimising the risk to people and those working at the home from infection. All areas of the home were visibly clean. Staff had sufficient stocks of personal protective equipment such as disposable aprons and gloves and used these appropriately.

People had individual risk assessments. Where people had been assessed as being at high risk of falls or dehydration, assessments showed measures taken to discreetly monitor the person and encourage their fluid intake. The on-line care system showed an accurate and up to date record of people's risks and how they were being monitored and managed. Records showed in the case of a person at high risk of falls that the registered manager had referred them to the falls clinic and put a falls diary in place. This helped to identify trends.

Equipment such as hoists, slings and air mattresses were regularly checked, serviced and repaired as necessary. All electrical equipment had been tested to ensure its effective and safe operation. The home had a maintenance man who carried out timely repair of areas within the home. This had included repair of a person's call bell that had developed an exposed wire.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions attached to authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Each person that required a DoLS had one in place. The home had a record of when these had been applied for and when they had been authorised by the local authority. Two people had conditions attached to their DoLS authorsisation. In each case, we observed that these conditions were being met.

MCA and best interest paperwork was in place, complete and up to date. Capacity had been assessed and best interest meetings involved relatives, relevant health and social care professionals and staff familiar with the person. Mental capacity assessments and best interest decisions covered areas including; medicines, personal care and sensor mats which alerted staff to movement in cases where people were at increased risk of falls.

Staff understood the key principles of the Mental Capacity Act, had received training in this and knew how to apply this when working with people. Staff were observed consistently asking for people's consent before they supported them. This included personal care and the taking of photos during activities or events. A staff member said, "Consent is important as everyone has the right to refuse."

People were supported by staff who had received regular training. Records confirmed that staff had received training in areas including health and safety, moving and repositioning, and infection control. In addition, staff were offered training specific to the people that they supported for example; dementia awareness, behaviour that challenges, nutrition and hydration and tissue viability and wound management. A relative told us, "The staff here are truly wonderful, I can't praise them enough…. they all deserve medals!" A person said, "We're lucky with the staff here. They are very good."

New staff received an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The competency checks covered areas such as medicines and moving and repositioning. Where new staff had felt they needed additional shadowing opportunities these had been provided. Non-care staff such as kitchen staff, domestic staff and maintenance had annual competency checks.

People's needs and choices were assessed and care, treatment and support were provided to achieve effective outcomes. People had pre-admission assessments which supported their move to the home and formed the foundation of basic information sheets and care plans details.

We observed a staff handover where changes relating to people's care, treatment and support were discussed. We found that each person was discussed, and a summary of their day given. This included any changes, concerns or where referral to professionals was required. These meetings gave staff an opportunity to seek further advice and ask questions before starting their shift. Information about people's current care needs was also readily available to staff in paper form and on the online care system.

People were supported to maintain a varied and healthy diet. Where required people had food and fluid charts in place to monitor their intake. The head chef told us that there was a four-week menu in place with two choices each day. We reviewed the menu which included supporting photos and contained a variety of options including for vegetarians. The head chef told us that most of the meals were "cooked from scratch." They said that any changes in people's preferences were communicated to them via the activities staff. The kitchen staff had a good understanding of people's dietary requirements with this information easily accessible. One person told us, "I'm diabetic and have a diabetic diet here."

We observed 16 people having their lunch in the dining room in what was an informal and relaxed atmosphere. Food was nicely presented and looked appetising. People told us, "The food is good here. I've never had to turn a meal away in the three years I've been here…. we get plenty of choice too", "The food is very good" and, "The chef does a lovely bread and butter pudding." People said they could have as much or as little as they wanted.

People's menu choices were taken each morning and staff checked with them before plating up the lunch so that if they preferred something else this was accommodated. Staff demonstrated knowledge of people's specific dietary needs for example, where they needed a soft diet, adapted cutlery or to eat at a slower pace. Two people requiring additional support were assisted to eat in a patient and compassionate way that maintained their dignity. One person was still eating after many others had finished but the staff were patient and understanding.

Tables were nicely laid and people were given a choice of drinks. People could decide whether to have their meals in their own room or the dining room. We observed two people being supported to eat their meal in their room. Carers supporting these two people were patient and spoke to them throughout including explaining what was being offered.

During lunch the registered manager and the head chef came in and walked around the dining room talking to people. One of the people confirmed that this was a regular occurrence. They told us, "The chef is excellent. [Chef's name] comes and chats to us every day to make sure we're happy." A member of staff explained, "The manager often brings their food in and sits on a residents table to eat her lunch…a different table each day too, I think that's really good, it shows [name of registered manager] loves her job."

People were supported to access health care services when required. Health and social care professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Staff accompanied professionals on these visits. Recent health visits included a district nurse and a GP. A health professional told us, "I am here every day. They are very good in referring. If we want equipment in place (for people) it is done very quickly. We work well together." A relative commented, "[Name] had a chest infection last year. They (staff) were on top of it before me." A staff member told us, "[Name] had a skin tear. I reported it and they got the district nurse out."

The provider was meeting national guidance for people living with dementia as they had adapted the environment to meet their needs. For example, each person had individualised bedroom doors with their name on. These resembled front doors. Clocks were displayed in all communal rooms which helped people to orientate to time and plan their day. Signage was in place to help people identify specific areas and rooms in the home such as bathrooms, toilets and lounges.

People and their relatives felt that the internal environment of the home met their needs. One relative said, ""We were able to choose the room, with the manager's help, we wanted for [name]. [Name] has a ground floor room and patio doors out to the garden, so [name's] happy." The home was arranged over two floors with working lifts giving access to and from the first floor. Handrails were in place in each corridor which enabled people to move around independently. People could access a central courtyard and a secure, level garden which had seating and planted areas. One person said, "The garden's nice."

Good

Is the service caring?

Our findings

During a previous comprehensive inspection of the service on 21, 22 and 23 June 2017 we found continuing concerns relating to dignity and respect. People were not always supported in a dignified way. People and their relatives had complained of losing laundry. Although we found improvements had been made at the December 2017 comprehensive inspection we rated this key question requires improvement as further time was needed to demonstrate the improvements could be sustained. At this inspection we found that improvements had been sustained.

The home had reviewed the laundry system with a significant reduction in complaints. Only one complaint had been received about this since the previous inspection. A relative had expressed dissatisfaction with how their loved one's clothing was managed. The relative's complaint had been acknowledged and investigated by the registered manager with compensation and an apology given for the items lost.

People and their relatives told us staff respected people's privacy and dignity and we observed this throughout the inspection. Staff always knocked on people's doors to obtain permission before entering and gave people the time and space to spend time alone or with visitors. People's bedrooms were personalised with their belongings, such as furniture, photographs and ornaments to help people to feel at home. We observed one person enjoying showing a staff member her blanket that was covered in pictures of her family. The staff member cheerfully commented, "Now everybody will want one of those."

We observed staff interacting with people in a caring and compassionate manner. For example, we heard a staff member chatting to a person and saying, "You were not well yesterday but you look brighter today. I love your new top!" One person commented, "I had a lovely lady put me to bed last night and tucked me in."

People told us they could live their lives how they wanted to. The registered manager said that if a person came to stay that was in an intimate relationship, or decided to start one while there, they would support their choice, respect that they may wish to keep it private and ensure zero tolerance if any prejudice was shown towards them.

People were encouraged and supported to maintain contacts with friends and relatives. This included visits from and to relatives and friends and regular telephone calls. There were a number of small lounges and quiet areas so people were able to meet privately with visitors in areas other than their bedrooms. We observed people using these to meet with their relatives. Relatives told us, ""We come in to see [name] whenever we can, it's good to know we are free to come in at any time", "I feel very welcome here when I visit. The staff are always happy to see me. When I came in over Christmas, they even offered me some lunch!", "I can come in to see [name] at any time too. No complaints from me" and, "I come in regularly and yes, I feel very welcome. We always have a joke with the carers. I don't have any complaints, I would just speak to the manager if I did." One person told us, "I've made a lot of friends here."

Staff were aware of who was important to the people living there including family, friends and other people at the home. The service produced a quarterly newsletter to keep people and their family and friends up to

date with past social activities, new staff and people and upcoming residents and relative's meetings. This was available in the home and on the provider's website. Where people were unable to speak with their relatives the activity coordinator had updated them by telephone so that they were aware of what activities they had been participating in. People's cultural and spiritual needs were supported. Visiting clergy enabled people to keep up with their particular faith. The activity coordinator told us they helped with this by arranging holy communion for people. During our inspection a local nun visited a person at the home.

People were encouraged to be independent and their individuality was respected. One person told us, "The carers are lovely, I get help when I need it, but I try and do as much for myself as I can. This place is very comfortable and I've made a lot of friends here."

People were encouraged to express their view and make decisions about their care, for example what they wished to wear, when they preferred to get up and how they wanted to spend their time. Throughout the inspection we observed staff checking with people how they wanted things to happen. We heard a staff member saying to a person, "It's 9.15am [name]. Would you like me to put the light on and would you like some breakfast?" One person told us, "The staff look after me well and go at my pace."

People appeared well cared for and staff supported them with their personal appearance. One person told us, "I'm having my nails done this afternoon, it's a real treat to have them done." Later that afternoon we observed the person and four other people enjoying having their nails painted by one of the activity coordinators.

Good

Is the service responsive?

Our findings

When we completed our previous comprehensive inspection on December 2017 we found improvements had been made with regards to people receiving personalised care but rated this key question requires improvement as further time was needed to demonstrate the improvements could be sustained. At this inspection we found that the improvements had been sustained.

People's care plans included information that guided staff in how to support people's assessed needs. This included where they had particular health conditions such as diabetes and Parkinson's disease. The care plans were person centred and described what people were still able to do themselves and what they needed support with. Care plans included details of people's life histories, preferences and interests.

People had regular reviews of their care and support needs. The reviews included involvement from people, relatives, familiar staff and relevant health and social care professionals. Staff used an online record system to record, respond to and monitor people's needs. Daily records detailed that people had been supported in line with their identified needs. For example, where they needed help to maintain the health of their skin the records showed how and when staff had helped them to reposition or when they had checked their air mattress settings. Records also noted people's progress towards their specific daily fluid target. Staff demonstrated confidence and competence when using the online record system. One staff member said, "I think [the online care system] is great as you can complete it as soon as support is given."

People and relatives confirmed that there had been a sustained improvement in activities that people could participate in. The home had a weekly activities schedule which was displayed in the main entrance to the home and in each person's bedroom. People benefited from the home having two enthusiastic activity coordinators who were supported by the care staff. One of the activity coordinators said, "The care team are really helpful to me. I'm lucky. This is the best job I've ever had."

The activities coordinators helped organise and run group and individual activities both in the home and the local community. One activity coordinator explained, "We go around to residents each week either individually or as a group and then prepare the schedule." This staff member told us they had joined a social media group for county activity coordinators which was helping them generate ideas of new activities that people could try.

During the inspection people enjoyed a visit from alpacas, the first visit from a toddlers group and a weekly chair-based exercise class introduced to help improve people's psychological well-being and prevent falls. People were also given the opportunity to go on organised trips out to castles, the seaside and the local market. One person told us they had been out on two bus trips in the past week. Following feedback, the registered manager had recently organised a visit from a local vintage tractor club for people with an interest in the countryside. Although welcome to all, this approach helped ensure that each person at the home had the opportunity to do activities that interested them or that evoked memories of things they used to enjoy doing.

People could choose whether they joined in with the activities or did something else. For example, two people told us, "I used to knit but I can't do it now due to the shakes in my hands, I don't do anything now, I'm quite happy sitting here in my room enjoying all the attention from the staff. They don't mind me not joining in" and, "I don't want for anything, I'm quite happy watching the TV. They do try and get me to join in (with activities) but I don't always want to, but at least they asked."

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. Each person had a specific communication care plan and hospital passport that could be shared with new staff and professionals. Picture prompt cards helped people with dementia make more informed choices. We observed staff supporting and interacting with people in a way that showed they understood and respected people's communication needs. For example, speaking to them slowly and clearly in a particular ear or offering them choices when they were awake and feeling alert. This supported people's participation in conversation and decisions affecting their day.

The home had a complaints policy and produced a monthly report. People told us they knew how to complain and felt that they would be listened to. Complaints were dealt with within the policy timescales and outcomes were shared with complainants. The home also logged compliments that it had received. Comments had included: 'Thank you for all the care you have given to my [title]' and, 'Thank you is not really enough for the care and time you have given to our [title]. We know [title] was happy with you.'

The service had an end of life care policy, guidance and procedure in place. At the time of our inspection one person was receiving end of life care and support. We saw that care plans included advance care planning for example, detailing when people had expressed a wish not to be resuscitated or that they wished to end their life at the home rather than in hospital. The care plans identified people's spiritual and religious needs and who they wished to conduct their funeral when the time came. The home also supported relatives of people with end of life care needs with records showing that this was always actively considered.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. They had held this position since August 2018 although had been the home manager since November 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we completed our previous inspection in June 2017 we found concerns relating to notifiable events and good governance. Systems and processes in place to assess, monitor and improve the service were ineffective and deaths of people had not been reported to us. The home had sent us an action plan detailing how improvements would take place. Although we found improvements had been made at the December 2017 inspection we rated this key question requires improvement as further time was needed to demonstrate the improvements could be sustained.

At this inspection we found that the improvements had been sustained.

The registered manager demonstrated an understanding of the circumstances in which they would make notifications and referrals to external agencies such as CQC and the local authority. 14 notifications had been made but one incident requiring notification had not been reported as required. This was corrected during the inspection.

Various audits were carried out which covered areas such as care plans, nutrition and hydration, pressure equipment settings, health and safety and medicines. Although follow up actions had not always been documented, in each case the required actions had been taken by management. There was evidence of this in people's care plans and risk assessments. The registered manager said they would ensure that actions taken were fully documented in future.

Staff meetings were well attended. There was a meeting held on day two of our inspection. The one before that was held in July 2018. We asked the registered manager about the regularity of team meetings. They told us, "I think to be fair July 2018 is a long time ago for a meeting", before adding that one of the improvements they would look to make was, "To have more regular team meetings."

The home worked in partnership with other agencies to provide care and treatment to people. This included local district nursing teams, a dementia in-reach service and GP surgeries.

The staff team got on with each other and our observations showed that they were always ready to step in and provide support when they had time. One staff member said, "This is generally a happy and friendly place to work." With regard to working at the home, another staff member told us, "I absolutely love it."

The home had continued to complete daily checks. These covered the delivery of personal care, medicines and creams administration, air mattress settings and people's food and fluid intake. Reports from the on-

line system identified that tasks had been completed and records logged. As tasks and checks were approaching the online system sent out alerts to staff as reminders. On occasions when the time had passed, and a task or check had not been completed an alert was sent to management and these were followed up with individual staff members.

The manager promoted an open-door policy. The manager's office was located on a main corridor on the ground floor close to the dining room. This meant that they were visible and accessible to people, relatives, staff and visiting professionals. The registered manager was respected and liked by the staff. Staff comments included, "[Name] is a lovely manager. Easy to go to if you have problems. Down to our level and approachable", "[Name of registered manager] is quite good and she supports us. [Name of registered manager] will help out if we are short. She is a hands-on manager. [Name of deputy manager] is the same and helps out" and, "I like [name of registered manager] for the way [name] goes about things, calm. She is proud of her staff."

Staff received praise and recognition when they worked well and were encouraged to progress. Records confirmed this. Some staff had taken on champion roles in the home which focused on sharing and monitoring best practice in areas such as dementia, dignity and infection control. One staff member told us, "I get verbal thanks from managers and staff. The managers remind me I am their right-hand man." The deputy manager said, "They (staff) work so hard here."

The registered manager told us they were always looking to improve their skills and knowledge. They told us they had their registered manager award and planned to do their level five diploma in health and social care. They had recently attended a local care home forum. The forum included care homes and hospital discharge teams looking into how they could work together to help discharge people in a timely way from hospital. The registered manager said they were most proud of, "Supporting people to move in as they can often be in crisis and families are feeling guilt. The relationship building with them and family."

The service encouraged feedback by sending out surveys to people, relatives, staff and professionals. We reviewed a sample of the most recent surveys completed and found that these contained positive feedback. In the 2018 residents survey 19 out of 20 people had given a satisfaction score of 80% or more. There was also evidence of consultation and follow up during and after residents and relative's meetings. Survey feedback from health professionals included: 'Staff helpful and well briefed about the resident I came to see', 'Attentive staff, always pleasant', 'Staff welcoming, patient and happy to assist in what was a difficult situation with the service user I was visiting' and, 'Staff well informed and patient.'

The home was continuing to meet its registration requirement to submit action plans to CQC on a monthly basis to update us on how they were implementing improvements and progress being made.