Speciality Care (EMI) Limited

The Oaks

Inspection report

904 Sidcup Road
New Eltham
London
SE9 3PW

Tel: 02088579980
Website: www.craegmoor.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

Summary of findings

Overall summary

Our last inspection of the service on 6 July 2017 was a focused inspection to check if improvements had been made to meet the legal requirements for the breaches of regulations found during our comprehensive inspection in February 2017. We inspected the service against three of the five questions we ask about services, safe, effective and well led. At the focused inspection we found that the provider had addressed the breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. However, the ratings for the key questions safe, effective and well led at that inspection remained 'Requires Improvement' as systems and processes that had been implemented had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice to achieve the rating of good.

The Oaks is a large nursing home which accommodates up to 113 older people living with dementia or mental health needs across six units. At the time of our inspection there were 78 people living at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There was a manager in post at the time of our inspection and they were in the process of registering with the CQC to become the registered manager for the service. 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.

At this inspection we found the service had continued to make required improvements and demonstrated that they met the regulations and fundamental standards.

Risks to people were assessed, recorded and managed safely by staff. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take. There were systems in place to ensure people were protected from the risk of infection and the home environment appeared clean and well maintained. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were systems in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals. Staff were aware of the importance of seeking consent and acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met. People had access to health and social care professionals when required and staff worked well with health and social care professionals to meet people's needs.

People told us staff treated them well and respected their privacy and dignity. People's diverse needs were

met and staff were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender. People were involved in making decisions about their care. There was a range of activities available to meet people's interests. The service provided care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. There were effective systems in place to monitor the quality of the service provided. People's views about the service were sought and considered. People, their relatives and staff spoke positively of the management at the home.

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

Risks to people were assessed, and care plans were in place to manage identified risks safely.

Accidents and incidents were recorded, managed and acted on appropriately.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with emergencies and to ensure people were protected from the risk of infections.

People were protected from the risk of abuse because staff were aware of the signs and action to take if they had any concerns.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective

Staff received an induction when they started work and were supported through supervision and appraisals. Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

People's needs were assessed and staff provided appropriate support.

Staff sought people's consent and acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where applicable when people lacked capacity to make decisions for themselves.

People were supported to access a range of healthcare services when needed and staff worked well with health and social care professionals to meet people's needs.

People's nutritional needs and preferences were met.

Is the service caring?

Good

The service was caring

People were supported to maintain relationships with relatives and friends. Staff treated people and their relatives with kindness.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy, dignity and independence.

People were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive

People's care needs and risks were assessed and documented within their care plan to reflect their individual needs and preferences.

People were supported to take part in a range of activities that met their needs.

People received appropriate end of life care and support where appropriate.

People were provided with information on how to make a complaint which were responded to appropriately.

Is the service well-led?

Good

The service was well-led

There was a home manager in post at the time of our inspection and they were in the process of registering with the CQC to become the registered manager for the home. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People, their relatives and staff spoke highly of the management and support received.

There were robust systems and processes in place to monitor and evaluate the service provided.

People's views about the service were sought and considered through resident's and relatives meetings and satisfaction surveys.

The service worked well with health and social care professionals and made connections with people within the local community.

The Oaks

Detailed findings

Background to this inspection

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

This inspection took place on 10 May 2018. The inspection was unannounced and carried out by three inspectors, a specialist advisor who is a clinical nurse and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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. We also contacted local authorities who commission the service to obtain their views. We used this information to help inform our inspection planning.

During our inspection we spent time observing the support provided to people in communal areas and at meal times. 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 spoke with 13 people using the service, 14 visiting relatives and 18 members of staff including the provider's operations director, home manager, deputy manager, nursing staff, care staff, chef and kitchen staff and domestic and maintenance staff. We looked at 13 people's care plans and care records, seven staff recruitment, training and supervision records and records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe within the home and with staff that supported them. Comments included, "Yes, I feel very safe", "Oh yes they [staff] are very nice", "Yes I would say so. No fault with them at all", "Yeah, I think so. If my loved one is not happy he always says something. I know he is safe", "Oh yes very well. I can't fault them. My loved one doesn't get anxious or fretful", "Yes, they are safe because of the security and the staff, they are always watching", and, "They [staff] look after everyone so well. I feel completely satisfied that my loved one is treated and cared for well."

Risks to people were identified and managed to help keep them safe. Assessments were conducted to identify and assess levels of risk to people's physical and mental well-being. Care plans contained risk assessments which identified and documented areas of risk to people, such as moving, mobility and transfers, falls, use of equipment and bedrails, nutrition and hydration, choking, pressure areas and wound care, communication, behaviour, personal hygiene and epilepsy management amongst others. Risk assessments included detailed guidance for staff and the actions required to support people safely and promote well-being. For example, where people were at risk of developing pressure areas, staff monitored and recorded any redness or skin breakage. Staff promoted good personal hygiene and prevented pressure wounds by using prescribed moisturising skin creams, encouraged and supported people where appropriate to change position regularly and had plans and body maps in place for the management and treatment of wounds. Where required, people were cared for on pressure relieving air mattresses whilst in bed. We saw that the settings of pressure pumps were correct and set according to people's weight and needs. Staff kept a log of daily checks that ensured pressure relieving air mattresses were set accurately.

We also saw that for people who had epileptic seizures there were detailed seizure management plans in place to reduce the risk of harm. Plans included triggers; signs to recognise seizures, duration of seizures and actions staff were required to take. We saw that for one person, triggers included, stress and bright lights. Signs staff were to look out for included, blank stare, shaking and jerking movements and loss of consciousness. The plan documented that staff should always ensure a safe environment for people, to place people in the recovery position when a seizure occurred and other actions staff should take if a seizure lasted for more than the usual duration. Staff kept contemporaneous seizure charts which showed when people last had a seizure, the duration and actions that were taken to ensure safety and well-being. Staff were knowledgeable about people's needs and risks and knew what actions to take in the event of a medical emergency. They were clear that they would follow the plan and confirmed that a qualified nurse was available within the home on every shift to administer medicines or provide nursing care to people where required.

People and their relatives told us they received their medicines when required and as prescribed by health care professionals. One person said, "Oh yes, I always get my tablets when I should. Staff give them to me." Another person told us, "Staff are good, they come around and give me my tablets." A relative said, "Yes my loved one gets their medicines. Staff always give them when he needs them."

There were systems in place to ensure medicines were managed, stored and administered safely. The

Provider had a medicines management policy in place which was regularly reviewed and reflected safe best practice. This provided guidance for staff and included areas of medicines management such as safe administration, reducing errors, storage and disposal of medicines. We saw that medicines were stored safely. Medicines were locked in secure medicines trolleys in locked clinical rooms that only authorised staff had access to. Medicine trolleys were securely fixed to the wall of medicine rooms which complied with the provider's medicine policy. Controlled Drugs (CD) were safely kept in locked cupboards within locked medicine rooms that only trained staff had access to. We looked at the CD register and saw this had been completed correctly. Medicines which required refrigeration were kept in lockable refrigerators in medicine rooms and temperatures of refrigerators and rooms were monitored to ensure they were safe to use. Medicines were disposed of appropriately and records confirmed this.

During our inspection we saw medicines being administered to people in a safe manner by appropriately trained and qualified staff. Medicines were administered at various set times of the day according to individual need. These arrangements ensured people received the correct medicines in a safe and timely way. We looked at 10 people's Medication Administration Record's (MAR) which listed people's medicines and doses along with space to record when doses had been given by staff. All MAR's we looked at had been completed correctly. Photographs were kept on people's MAR to identify them to new staff to ensure medicines were administered to the correct person. Records of allergies were recorded on people's MAR to prevent the risk people could receive medicines they were allergic or have an adverse reaction to.

There had not been any medicine errors since our last inspection and records we looked at confirmed this. Medicine audits were conducted on a regular basis to ensure safe practice. An external pharmacist conducted a medicines advice visit in December 2017 and we noted no significant issues or findings were documented. Staff we spoke with and records we saw confirmed that staff received medicines training and competency assessments ensuring they were suitably trained and skilled to manage and administer medicines safely.

There were arrangements in place to manage foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely in the event of an emergency. Records confirmed that fire drills and evacuations were carried out and that the fire alarm system was tested regularly by maintenance staff at the home. There were also systems in place to manage and check gas appliance safety, portable electrical appliances and water safety. Equipment such as hoists, wheelchairs, mobility aids and lifts were also serviced regularly to ensure they were functioning correctly and safe for use.

Accidents and incidents involving the safety of people were recorded, managed and acted on appropriately. Records demonstrated that staff identified concerns, took actions to address them and referred to health and social care professionals when required. There was an up to date accident and incident policy in place and notifications to the CQC and referrals to other professional bodies were sent as appropriate.

People and their relatives told us they thought the home was kept clean and well maintained. Comments included, "Yes, 9 out of 10 I'd say", "Yeah, my loved one's room is fine. They do their best", "Yes spotlessly and never any complaints", and, "Yes' It could do with a lick of paint but it is homely." We observed the home was clean, tidy and free from any unpleasant odours. We spoke with the manager who told us that there were plans to refurbish and redecorate each unit in the near future. We saw hand washing signage was displayed in bathrooms and toilets and hand sanitiser was available to visitors and used by staff throughout the home. We observed domestic staff cleaning the home during our inspection. Staff told us that personal protective equipment including gloves and aprons were available to them when they needed it. Training records confirmed that staff had completed training on infection control and food hygiene and we saw

reports from infection control audits that were carried out by the home's infection control lead monthly.

People were protected from the risk of abuse. There were policies and procedures in place for safeguarding adults from abuse and whistle-blowing procedures for staff to use should they want to report issues of poor practice. One member of staff said, "I know about whistleblowing but I have never needed to follow the procedure as I haven't seen any poor care. We have a good staff team who offer people good care." Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. This included reporting any concerns to the unit lead and registered manager. Records confirmed that all staff had received training on safeguarding adults from abuse. One member of staff told us, "I would tell the unit lead if I thought someone was being treated badly. I know they would let the registered manager know and they would report my concerns to the right people. I would report safeguarding concerns to social services or the CQC if I needed to." Safeguarding records we looked at included local and regional safeguarding policies and procedures, reporting forms and contact information for local authorities to assist in managing any concerns if required.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of seven members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. We saw that checks were carried out to make sure nurses were registered with the Nursing and Midwifery Council (NMC). A member of the home's administration team told us that the organisation monitored each nurse's NMC registration to make sure they could practice as nurses.

People and their relatives told us they felt there were enough staff to meet their needs. Comments included, "Yes there is always someone around to help", "On some days there could be more but I have never found my loved one dirty or messy. They really do respect him", "Seem to have more lately in the last few months", "Yes on this ward I think there is enough. They are all very welcoming", and "Yeh I have never had a problem calling staff, they are always around." We observed there were sufficient staff to help keep people safe and to meet people's care and support needs. One member of staff told us, "There is enough staff, sometimes we can get very busy but we are not rushed." Another member of staff said, "Staffing numbers on the unit are safe and good. The staff get time to sit down and talk with the residents." The manager told us they used a dependency tool to assess safe staffing levels at the home. Each unit at the home had a staffing rota in place that reflected people's care and support needs. They had been recently reviewed to make sure that staff were appropriately deployed around the home. They told us they had reduced staffing levels on units where they could in order to increase staffing levels on other units where these resources were most needed. There was no reduction on staff numbers at the home but staff were deployed around the home more effectively. They told us that where additional support was required for example, for people to attend social activities or health care appointments, additional staff cover was arranged.

Good

Is the service effective?

Our findings

People and their relatives told us they thought the food was good, there was choice and the meal time experience was good with sufficient amounts of food and drink supplied throughout the day. Comments included, "I really like the lunch time meal. I prefer to sit in the dining room", "Oh yes, they [staff] know what to dish him up for lunch. He likes his food. It is very good", "Yeah, they give him a choice, most of the time he eats his food. They also have an ice-cream parlour. I go there with him as he likes to get one and we eat it outside if the weather is nice", "It is good and lots of it. He can't eat properly now so his food is pureed", "Pretty good, they [staff] give you a menu in pictures and you choose what you want", and, "Food has improved over the last 6 months, we have a new cook and there is good variety."

People received enough food and drink to maintain good health. We visited the kitchen and observed that it was clean and well organised. We noted that the Food Standards Agency last visited the service in July 2017 and rated them five stars. Anyone entering the kitchen wore protective clothing in accordance with food hygiene practices. Kitchen staff were knowledgeable about people's dietary preferences and needs and there was a large white board displayed in the kitchen which detailed people's dietary requirements for staff reference. The information displayed was correct and corresponded with people's assessed needs. The board documented information for staff such as people's dietary requirements, consistency of foods, nutritional supplements and preferences or cultural needs such as vegetarian, halal or kosher diets, and or reduced sugar and lactose free diets. Menus were planned and all food was freshly prepared and cooked in the kitchen. We noted that menus were seasonal and included vegetables and fresh fruits daily to promote a healthy diet.

People's needs were assessed with regard to their nutrition and hydration requirements, and where risks were identified staff sought the involvement of health care professionals such as dietitians and speech and language therapists. People were asked for their feedback on the food and their meal time experience and unannounced meal time quality checks were conducted by the manager and senior staff to ensure people's needs were met and they were happy. We observed the lunchtime meal in the dining rooms on two of the units in the home. We noted that people were free to eat their meals where they wished, for example in the dining room or in their rooms or communal areas. The atmosphere in the dining areas was relaxed and there were enough staff to support people promptly where required. Staff communicated effectively with people about the choices on offer and used pictures or sample plates to support people in making their choice of meal. We observed staff supported people with their meals on a one to one basis where required and staff understood signs people gave if they were unable to verbally communicate. For example, one person shouted in between mouthfuls of food so the staff member was aware when next to assist them. We observed that people's independence at mealtimes was promoted through the use of adaptive cutlery. One member of staff told us, "We have good team work and it's all very well organised here. For example, at mealtimes all the staff know what they need to do and things run smoothly. Everyone gets their meals and drinks and they get the one to one support from staff when they should."

People and their relatives told us they felt staff were effective in their roles and had the appropriate skills and knowledge to meet their needs. Comments included, "Oh yes they do training. They also have extra

days for training too. One nurse goes beyond the call of duty, he always says hello and is kind to all", "Yeah definitely. What is also good, they look after us too", "I think so on the whole", "Yes it does seem that way", "They understand as well, like what he used to do as a job", and, "Yes, I think so. They certainly know what I need and want."

People received support from staff who were trained and competent in their role. The provider had systems in place to ensure staff new to the home were provided with an induction in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new social care workers. Staff we spoke with told us they had completed an induction when they started work and they were up to date with their training. They told us they received regular supervision and had an annual appraisal of their work performance. Records confirmed that all staff received regular supervision and, where appropriate, an annual appraisal with their line manager.

A member of the home's training team showed us records confirming that staff had completed training on topics such as basic life support, moving and handling, fire safety, food safety, health and safety, infection control, equality and diversity, safeguarding adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also completed training relevant to people's needs, for example, dementia, dysphagia awareness and choking prevention. Nursing staff had also completed training on the administration of medicines and emergency first aid. Two members of staff told us the training on dysphagia awareness and choking prevention had been very informative and they were able to explain the actions they would take if someone was choking for example, they would call for help, check the persons airways and if needed they would use back slaps and abdominal thrusts to clear obstruction's and call emergency services for support. One member of staff told us that dementia awareness training had helped them to understand people's needs better.

Staff we spoke with were aware of the importance of obtaining consent and told us that they sought consent from people when offering support and respected their wishes. One member of staff told us, "I always ask people before I help them and even if they can't vocalise their wishes I know by their body language if they are happy for me to help them." People and their relatives told us staff sought their consent and respected their wishes and independence. Comments included, "Yes they do. They try to explain what they are doing", "Yes, they use his name always and talk to him before they do anything", "They help me to do the things I want to do", and, "Oh they always ask, they never just do. They are very good at making sure I'm ok with it."

Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People consented to their care and treatment in line with legislation. Care plans showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. We saw that applications had been made to local authorities to deprive people of their liberty where this was assessed as

required. Where these applications had been authorised, we saw that the appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

People's needs were assessed so that they received the correct care and treatment. Pre-admission assessments of people's care needs and preferences were completed before they moved into the home to ensure staff and the home environment could meet their needs safely and appropriately. Assessments incorporated information about peoples' personal history to help develop individualised care and support plans. Assessments covered areas such as personal care, physical and mental health needs, communication, nutrition and hydration and medicines amongst others. Care plans documented involvement from people and their relatives where appropriate and any health and social care professionals involved to ensure all individual needs were addressed. One relative commented, "I am always involved and the staff are good at keeping me informed. They asked about her life and what was important to her."

Staff monitored people's health and wellbeing and people and their relatives told us they were supported to maintain good health and had access to health and social care professionals when required. Comments included, "Yes I see the doctor if I need to but the nurses make sure I am ok", "My husband suffers from seizures and they [staff] always update me on this and anything else", "I see doctors, opticians and the chiropodist", and, "Yes staff always make sure he sees a doctor or any health professional if he needs to." Care plans demonstrated that people were referred to appropriate health and social care professionals when required. Records from the GP and other visiting health professionals were retained in people's care plans so staff were aware of people's presenting needs. During our inspection we spoke with a visiting optician and mental health care professional. They told us, "We visit people throughout the year to check on their eye health and advise staff on how to support them. If need be we can refer people on to other appropriate health care professionals for example the hospital or GP." The mental health professional told us, "This is my first visit to the home. I have no concerns, I have been given the information I need and the staff seem to be very receptive."

Good

Is the service caring?

Our findings

People and their relatives told us staff were friendly and treated them with kindness. Comments included, "Oh yes very much so. They [staff] are definitely caring", "Oh yes, they are lovely. You can't fault them", "They [staff] are lovely, are very caring", "Yes, we chose this home from the moment we came here. They [staff] all had a smile on their face and came across like they cared. When we were shown around the home everyone acknowledged us. It was the atmosphere", and, "Staff are always welcoming and so friendly, they are very caring towards my loved one."

People received support from staff who were kind and caring. Throughout the course of our inspection we observed positive friendly and caring interactions between staff, people and their relatives. Staff were attentive to people's requests, were prompt to offer support when needed and knew people they supported very well. For example, we observed that one member of staff was aware that one person was 'feeling low' in mood and so sat with them on a one to one basis and gave them a manicure in their room which enhanced their mood and well-being. On one unit we also saw that some people who wished to were supported to attend an arranged 'coffee morning' on another unit which promoted social inclusion. On another unit we observed several people participating in a ball game held in the conservatory whilst others chose to participate in an afternoon at 'the flicks' watching a chosen film. During the afternoon on another unit we saw that some people enjoyed sitting in the lounge with the curtains drawn and sensory lights tuned on which helped them to relax. We noted that most units had access to outside space and many had tendered gardens which included raised flower beds for people to participate in planting and potting. We saw that one unit had a potting shed, garden games and garden furniture for people to assess and enjoy when the weather permitted.

Staff knew people they supported well and had good knowledge of their personalities, behaviour and communication needs. They were familiar with individual's daily routines and preferences and were also aware of the details of people's life histories, family, people and things that were important to them. Staff we spoke with told us this information helped them to develop good relationships with people and their relatives. One member of staff commented, "The more we know about people the better it is for us to support and care for them right." A relative commented, "They asked mum to write it all down about his life so it's in his file. There is also pictures on his wall about his life. It's very good." We saw that care plans and records were kept securely in staff offices and office doors were locked to maintain security and confidentiality. During our inspection we observed that staff addressed people by their preferred names and answered people's requests and questions with understanding and patience. For example, one person whose hearing was impaired, staff ensured they sat close and faced them so they could engage in conversation with them. We also saw staff were prompt to offer support and reassurance to people when they showed signs of anxiety or distress and were skilled in approaching people and supporting them in times of confusion.

People's diverse needs were assessed and documented as part of their initial assessment. Care plans included information about people's cultural requirements and spiritual beliefs and staff told us they were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual

orientation and gender. For example, we observed one person who was from the African continent had used a blanket which staff provided to create a traditional dress which was wrapped around their waist. We also heard them banging objects which staff provided and singing in their native tongue. Spiritual support was also available to people at the home through visits from a local church. A relative told us, "Every Sunday morning someone from the Catholic church comes in to see him and leaves a newsletter. He likes that." Another relative said, "I know that on a Sunday the Catholic church come around 11:00 to give my loved one Holy Communion."

People were able to express their views and were involved in their care. People and their relatives told us they were provided with information about the service when they moved into the home in the form of a 'service user guide' and were involved in making decisions about their care. Comments included, "When we first came they gave us information and when mum moved in we had a guide. It's in her room", "Yeh I know about the service and all the details and contact information", "We are always involved in dad's care, staff make sure of that", "They [staff] are very good at keeping us informed. We do feel very involved", and, "They [staff] always involve me with what's going on, I can make my own decisions." The manager told us they gave people a copy of the 'service user guide' on admission which included information on the provider's philosophy of care, support and accommodation, staffing team, residents and relative's groups and details on how to make a complaint amongst other information.

People's privacy and dignity was maintained by caring staff. People and their relatives told us staff treated them respectfully, maintained their dignity and privacy and promoted their independence. Comments included, "They always knock on my door", "They try to get him to do as much as possible himself, that's important", "Staff are very good, she doesn't get anxious or fretful. They recently took her out and she enjoyed that", "They [staff] always knock if I'm in the room with him", "He was very unsteady last week but loves the garden. We went into the garden and he had to keep stopping. Staff were very caring and got a chair for him to sit down", and, "They make sure I am covered when seeing to me. They are respectful." Throughout our inspection we observed staff spoke to people and their relatives in a respectful manner and staff knocked on people's doors before entering their rooms displaying signs of respect for their privacy. Relatives told us they were made to feel welcomed when they visited and there were no restrictions placed upon them. Comments included, "Staff are so friendly and always offer us tea", "We come at different times and there is never a problem", and, "Definitely, I get cuddles from the staff as well."

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care which met their individual needs and preferences. One relative told us, "Dads room originally was right down the end of the corridor and the room nearer the lounge was empty. He was removed somewhat so they [staff] moved him by the end of the day to the empty room. They do their best trying to accommodate him, they have accommodated everything we have asked of them." Another relative said, "They are very good at adjusting to her moods. They know her well and how best to care for her." Other people commented, "I get up when I want to", "I have a shower when I want and choose what I want to eat", "Yes, they have regular meetings with us so we know the care is right", and, "They tell him to go to bed if he's sleeping in the chair, he goes when he wants."

People received personalised care that was responsive to their needs. People had individual care and support plans in place which were developed based on assessments of their needs and risks. Care plans documented the support people required in a range of areas and contained guidance for staff on the support people required in areas such as personal care, communication, continence, mobility, mental health, behaviour, eating and drinking, dementia care, pain management and medicines amongst others. We saw that where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to ensure people's needs and wishes were met. Daily records were kept by staff about people's day to day well-being to ensure that people's planned care met their needs. Care plans and records were reviewed on a regular basis to help ensure they remained up to date and reflective of people's current needs. Care plans also documented people's life stories, their likes and dislikes, hobbies and interests, and their preferences in the way they received care and support.

Staff worked well with other professionals to ensure people's needs and preferences were met. For example, care plans and records showed that staff worked with visiting GP's, speech and language therapists and with a local hospice to ensure people's end of life care needs were respected and met. Care plans documented people's end of life care needs and wishes and staff provided responsive support to people at the end of their lives. Care plans included information about people's end of life preferences where they had chosen to discuss this and documented 'Do Not Attempt Resuscitation' orders (DNARs) that some people had in place. For example, one person had specific wishes to leave their body for research purposes, another person wished for classical music to be played at their funeral service and another care plan documented how the use of a fold up bed for relatives to stay should be offered when needed.

People's diverse needs were supported and respected. The home environment and equipment in place assisted in the promotion of people's independence and in meeting their needs safely. For example, pictorial signage and memory boxes to aid orientation and the use of wheelchairs and walking aids to support safer mobility. Staff received equality and diversity training to ensure people's needs could be met and staff told us they felt the provider was committed to providing support which met people's needs with regards to their race, religion, sexual orientation, disability and gender.

There was a range of activities offered to people to support their need for social interaction and stimulation. The home employed three activities coordinators and we spoke with two. One told us about the activities

provided to people at the home and showed us individual weekly activity programmes for each unit. Each activities coordinator was assigned to units within the home. Activities included breakfast club, reading magazines and newspapers, therapeutic colouring, painting, movie shows, playdough modelling, board games, nail painting and hand massage, arts and crafts and pet therapy. There was sensory equipment and the activities coordinators told us they brought these to people nursed in their rooms, read to people, played music and board games, offered nail painting and hand massages and sometimes just spent time talking with people so that they did not feel isolated. There was a weekly coffee morning which was well attended by people. In April 2018 people attended trips out to a local café, pub and a museum. Entertainers regularly visited the home to sing and play music. A fitness instructor also visited the home once a month to offer work out sessions and children from a local primary school visited the home each month to interact with people and participate in arts and crafts. An allocated room was used for activities such as hosting coffee mornings and movies shows and there was plenty of board games, arts and crafts and reading material available. The home had an ice cream parlour which was open on Mondays and offered people ice cream's or lollies dependent on diet and a place to meet and chat. During our inspection we observed group and individual activities being conducted and people appeared to be happy and engaged.

People and their relatives told us they felt activities on offer were good. Comments included, "They use to do things in his room and now we and the staff put on music for him", "I like to play games, the staff make it fun", "He does painting and now that summer is here they have outings planned", "I love my nails being done, they [staff] are good at it", "She does painting, colouring, playdough and an old gentleman comes with a guitar and sings songs", and, "I love to go out. We visit places and also go into the garden."

Complaints were acted upon and responded to appropriately. There was a complaints policy and procedure in place and this was displayed within the home for people and their visitors to refer to. The policy included information on what people could expect if they raised any concerns, details of the timescale for responses and actions to take if they remained unhappy with the outcome. People and their relatives told us they were aware of the provider's complaints procedure and had confidence that any issues they raised would be dealt with appropriately. One relative said, "I would speak to the manager or any one of the carers. I never leave this building unhappy. I sort any problems out so not to sit at home unhappy." Another relative told us, "Yes I am aware, I went straight to the manager and they sorted it." A third relative commented, "Yes, I went to the manager. She resolved it immediately. She's quite good." Complaints records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy. There was a complaint's monitoring tool in place which enabled the manager to evaluate the complaints process, monitor complaints received and to share any learning with the staffing team.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a new home manager in post who was in the process of applying to the CQC to become the registered manager for the service. They were an experienced home manager and were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the home manager demonstrated good knowledge of the needs of the people using the service and the needs of the staffing team. Throughout our inspection we noted that the home manager was visible and available within the home to people, their relatives, visitors and staff.

People and their relatives spoke positively about the care they received and were complimentary about the management of the home and staff. Comments included, "It's is a very friendly home and I am very comfortable here. Also, even if you meet staff from other units they all speak to you. I also speak with other family and friends and talking is like therapy, as it is reassuring too to speak with each other. We are all very happy here", "When my loved one is not well the manager keeps me in touch by updating me. They are kind, also the staff from other wards know the residents and always say hello", "Fantastic. Absolutely fantastic. We have had no cause for any grievances at all", "I think the care here is brilliant. I have recently started to come up at night and met the night staff. They are lovely too, updating me on what is happening", "She [manager] bent over backwards to help us and said if we had any problems to come to her", and, "I'm happy, it's just the way they care for people and always make sure they are well."

Staff spoke positively about the new manager and told us there was a strong sense of teamwork within the home promoted by the manager who was approachable and supportive. Comments included, "The new manager is very supportive and approachable. I feel valued, respected and listened to by them. There is a 'no blame' culture here", "It's a nice place to work. The units are small and the residents get to know each other and the staff get to know the residents well too. The manager hasn't been here long but she is always around, interested in what is going on and very helpful when we need her", "I love working here. It's a nice place and the staff and manager are good", and, "We have very good relationships with family members. We are open with them and they are with us. The staff here are very caring and they do their jobs well. I see the manager a lot even at weekends. They are helpful and supportive and she will help if something is wrong. The communication is very good and we have the right approach to caring."

We observed there were effective lines of communication within the home providing staff with the opportunity to meet and communicate on a daily basis. Regular meetings with staff were held to discuss the running of the service. There were bi monthly staff meetings, daily flash meetings and daily handover meetings. A member of staff told us that handovers took place twice each day on each unit. They showed us daily handover records that included information about people, for example, if they were unwell, if they had a visit from a GP and any advice that had been given, if they needed to attend any appointments or if they had been visited by family members. Records also confirmed whether staff had completed MAR's and that fridge temperatures were in the correct range for storing medicines. The member of staff told us about 'flash meetings' that took place daily. These were attended by nurses on duty on each of the units, activities coordinators, the maintenance person and laundry and kitchen staff. The focus of the meetings was to

consider and communicate to the staffing team about people's changing needs, health care appointments or any new admissions to the home. They said they fed issues back to care staff so that people's needs could be met appropriately. We saw minutes from team meetings held and items discussed at the last staff meeting included learning from a safeguarding incident, health and safety issues, staffing rota's and planning and a reminder to staff to complete e learning training and staff supervisions. Night staff meeting were also held on a regular basis and we looked at the meeting minutes where items discussed included the use of mobile phones, dress code, confidentiality, staff rotation on each unit, staff appraisals and the carer of the month award. We noted that the home manager had also recently introduced 'health and safety committee' meetings which were scheduled to take place on a monthly basis and enabled staff from all disciplines to come together to discuss health and safety related issues and to share good practice.

There were effective quality assurance systems in place to monitor quality of care. The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to do this effectively. Records we looked at showed that regular checks and audits were conducted in a range of areas to ensure the service was managed appropriately and people received a good standard of care. Checks and audit systems in place included, care plan and records, safeguarding, accident and incidents, health and safety, nutrition, hydration and swallowing difficulties, residents cultural and spiritual needs, staff records and training, medicines, activities, complaints, dining experience, MCA and DoLS, infection control, housekeeping and the environment amongst others. For example, where people required the use of pressure relieving equipment, we saw correct pressure settings were identified and recorded, and these were checked by staff to ensure they were maintained correctly. Other audits and checks conducted included management peer auditing of the service which involved other managers from the provider's other service's visiting the home and independently checking areas of the service and a provider inspection team who visited the home and conducted an inspection of the service against CQC regulations. We saw a recent draft inspection report which highlighted the need for a redecoration programme within the home. We saw that the provider had commissioned redecoration works to commence within the home to address areas identified.

People were involved in how the service was run. There were systems in place to ensure the provider sought the views of people and their relatives through regular residents and relative's meetings, annual surveys and through the use of a comments and suggestions book located in the reception area along with visitor's information. People and their relatives told us they were provided with opportunities to give feedback on the service and to help drive improvements. Comments included, "The relatives meetings are good and you get copied in on any minutes", "Yes, I got a copy of the last meeting", "I have not met the manager yet but since she's been here we get a copy of the minutes of the family meetings", "I always speak to the staff and raise anything with them", "resident and relative meetings are quite awkward for me to get to but I do get the minutes", "If I need to say anything I just tell the staff. I will try and go to the meetings but sometimes it's difficult", and, "The residents meeting is tomorrow so I will go to that."

We looked at the minutes for the relatives meeting held in April 2018. Discussions included, the home refurbishment programme, activities, people's dining experience and care plan reviews amongst others. We spoke with the manager who told us that the relatives survey is conducted every December, however when the last survey was conducted in December 2017 they only received eight responses. The manager told us that they were planning to reconduct the survey again in June 2018. We will look at the result of the survey when we next inspect the service.